



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 27, 1996

Mr. Dj Nielsen  
Keys Cleaners  
6799 O/S Highway  
Marathon, Florida 33050

Re: Facility I.D. No. 0870068

Dear Mr. Nielsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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,

*for* Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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

*all*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

NIELSEN & CO INC DJ NIELSEN 6799 O/S HWY MARATHON FL 33050	AIRS ID#0870068
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JAN 29 1998

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 12/31 1998 TO 12/31 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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MAIL ROOM  
JAN 27 98

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Dannajean Nielsen Dannajean Nielsen 1/29/98  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#0870068

Keys Cleaners

spoke with Dj. Nielsen - 9/26/96 -  
propane use approx. 6,760 gal/yr,  
under limits

p.14 1.(a) add date control device  
installed, if any

p.15 5.(c) not required, mark out  
"X" and initial

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Nielsen + Co., Inc.		
2. Site Name (For example, plant name or number):	Keys Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 984 168 856		
4. Facility Location:	Street Address: 6799 o/s Hwy City: Marathon County: Monroe Zip Code: 33050		
5. Facility Identification Number (DEP Use):	0870068		

## Responsible Official

6. Name and Title of Responsible Official:	D. Nielsen, Owner		
7. Responsible Official Mailing Address:	Organization/Firm: Keys Cleaners Street Address: 6799 o/s Hwy City: Marathon County: Monroe Zip Code: 33050		
8. Responsible Official Telephone Number:	Telephone: (305) 743-8360 Fax: ( ) -		

## 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: ( ) -		

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AUG 30 1996

**Facility Information**

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Renzaacci Serena Sun</i>									
310									
<i>Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i>									
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<input checked="" type="checkbox"/>	<i>8/87</i>	<i>8/87</i>	<input type="checkbox"/>					
(2) w/ carbon adsorber	<input type="checkbox"/>								
(3) w/ no controls	<input type="checkbox"/>								
<b>Washer Unit</b>									
(4) w/ ref. condenser	<input type="checkbox"/>								
(5) w/ carbon adsorber	<input type="checkbox"/>								
(6) w/ no controls	<input type="checkbox"/>								
<b>Dryer Unit</b>									
(7) w/ ref. condenser	<input type="checkbox"/>								
(8) w/ carbon adsorber	<input type="checkbox"/>								
(9) w/ no controls	<input type="checkbox"/>								
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser	<input type="checkbox"/>								
(11) w/carbon adsorber	<input type="checkbox"/>								
(12) w/ no controls	<input type="checkbox"/>								

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

*Existing small area*

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

Boiler ~~840,000~~ 1,050,000  
Hot water 32,500  

---

1,082,500

**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
- (b) Leak detection inspection and repair
- Ⓒ Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

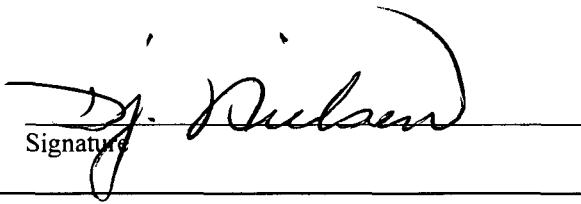
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

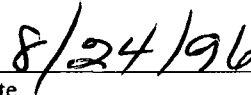
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

Signature



Date

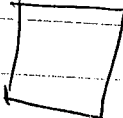


#0870068

SD

RECEIVED  
D.E.P. Keys Cleaners

96 NOV 15 PM 2:56  
spoke with Dj. Nielsen - 9/26/96  
SOUTH STRIP Propane use approx. 6,760 gal./yr.  
under limits

1. F		
2. S		
3.	P.14 1.(a) add date control device installed, if any	
4.	P.15 5.(c) not required, mark out "X" and initial	33050
5.	9/19 12/11/96 } DEP 62-781.900(c) also being filled out	68
6.	✓ on containment unit requirement	
7.	by Jan. 1, 1997	
8.	 NA	Code: 33050

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

AUG 30 1996



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Nielsen &amp; Co., Inc.</i>
2. Site Name (For example, plant name or number): <i>Keys Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984 168 856</i>
4. Facility Location: Street Address: <i>6799 015 Hwy</i> City: <i>Marathon</i> County: <i>Monroe</i> Zip Code: <i>33050</i>
5. Facility Identification Number (DEP Use):

## Responsible Official

6. Name and Title of Responsible Official: <i>D. Nielsen, Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Keys Cleaners</i> Street Address: <i>6799 015 Hwy</i> City: <i>Marathon</i> County: <i>Monroe</i> Zip Code: <i>33050</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 743-8360</i> Fax: ( ) -

## 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: ( ) -

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AUG 30 1996

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

<i>Renzacci Serena Sun</i> Type of Machine <i>310</i>	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit		<i>YES</i>	<i>5/87</i>						
(1) w/ ref. condenser		<i>X</i>	<i>8/87</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source  New small area source

Existing large area source  New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
 (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

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All steam and hot water generating units exempt   
 No such units on-site

Boiler ~~840,000~~ 1,050,000  
 Hot water 32,500  


---

 1,082,500

**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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No 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.*

Signature

*D. J. Dickson*

*D.J.N. 12/11/96*

Date

*8/24/96*

#0870068

Keys Cleaners

- spoke with Dj. Nielsen - 9/26/96

propane use approx.

130 gal./wk.

= 6,760 gal./yr.

PM = 2.70 lb./yr.

NO<sub>x</sub> = 94.64 lb./yr.

CO = 12.84 lb./yr.

TDC = 3.38 lb./yr.

Z 210 663 034

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

10 AIRS ID # 0870068001AG  
DJ NIELSEN  
KEYS CLEANERS  
6799 O/S HWY  
MARATHON FL 33050

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800 April 1995

7000 0600 0021 6527 0086

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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Article Sent To:  
**2210663034 (OLD)**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Name (Please Print Clearly) (to be completed by mailer)  
**D.J. Nielsen**  
Street, Apt. No., or PO Box No.  
**#0870068001AG**  
City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0870068001AG DJ NIELSEN KEYS CLEANERS 6799 O/S HWY MARATHON FL 33050</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly) <b>D.J. Nielsen</b> B. Date of Delivery <b>6/3/01</b></p> <p>C. Signature <b>D.J. Nielsen</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <b>2210663034 7000 0600 0021 6527 0086</b></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390141

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 # 0870068

KEYS CLEANERS  
DJ NIELSEN  
6799 O/S HWY  
MARATHON FL 33050

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DEC 28 9 58 AM '99  
MAIL ROOM  
Bureau of Air Mobility  
& Mobile Support  
FOR GOVERNMENT USE ONLY  
Org.: 3750101000 EO: B1  
Fund: 202-035001  
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356651

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 # 0870068  
KEYS CLEANERS  
DJ NIELSEN  
6799 O/S HWY  
MARATHON FL 33050

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

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JAN 8 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403128

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**

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KEYS CLEANERS  
DJ NIELSEN  
6799 O/S HWY  
MARATHON FL 33050

AIRS ID # 0870068

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Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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JAN 18 01

1-18-01 pd

8  
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258627 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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JAN 21 97

**TOTAL AMOUNT DUE: \$50.00**

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NIELSEN & CO INC  
DJ NIELSEN  
6799 O/S HWY  
MARATHON FL 33050

AIRS ID# 0870068

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301077 ✓

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

NIELSEN & CO INC  
DJ NIELSEN  
6799 O/S HWY  
MARATHON FL 33050

AIRS ID#0870068

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273