

Environmental Protection Twin Towers Office Building

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

Department of

David B. Struhs Secretary

August 1 2001

Mr. Joseph Griffin Tropical Cleaners 2770 South Orange Blossom Trail Orlando, Florida 32805

Re: Facility No.: 0950285-002

Dear Mr. Griffin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 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: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

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30C 3 IN
Compliance IN

P15
1(a) New should be ricled under Status
P16
11 14 Let "V" la Existing machine et

4. Mars out "X" under Existing machines at small area source and initial.

Responsible Official sign and date for changes made



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For reservations at any Adam's Mark call 800-444-ADAM (2326)
Charlotte, NC • Clearwater Beach, FL • Columbia, SC • Columbus, OH • Dallas, TX • Daytona Beach, FL
Denver, CO • Houston, TX • Indianapolis, IN • Kansas City, MO • Memphis, TN • Mobile, AL

Orlando, FL • Philadelphia, PA • St. Louis, MO • San Antonio, TX • Tulsa, OK • Winston-Salem, NC

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 for value files. 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 indivi	dual owner):
2. Site Name (For example, plant name or number):	
\wedge	
TROPICAL CLOANERS	- W1/5-10 0114 m. 10
3. Hazardous Waste Generator Identification Number: SHFE	ry klead sys Inc.
FLD060231420	
4. Facility Location: 2410 SOUTH ORANGE BU	ossom tream
Street Address: City: County: 6000	Zip Code: 21005
UKLANDO OKADIOE	. DYOU
5. Facility Identification Number (DEP Use ONLY - do not fill in):	TENDE DED
	50285-002
Demonsible Official	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: JOSEPHORIFFIN Title: 1	KESIDENT
7. Responsible Official Mailing Address: Organization/Firm: TROPICAL CLEAPER	8
Street Address: 2770 SOUTH-ORADOE-BLO	SOOM TRAIL
City: OPLANDO County: OPANGE	Zip Code: 32805
8. Responsible Official Telephone Number:	3200
Telephone: (407) 425-0055 Fax: (.) -
, 10005	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
	,
10. Facility Contact Address:	
Street Address:	7:- Code
Street Address: City: County:	Zip Code:
City: County:	Zip Code:
City: County:	Zip Code:

DEP Form No. 62-213.900(2)

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 15-MAR-95 RC/CA/None required Existing/New 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 Control Device Required* Status: Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") RC/CA/None require Existing New CAMOne required sting/New *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [97.5] gallons (You must fill this in) (b) If less than 12 months, how many? [14] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [] New machine []

Unopened store [] (date of expected opening

Check why it is less than 12 months: New owner: [____] 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.)
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 Carbon adsorber Refrigerated condenser Carbon adsorber Refrigerated condenser Carbon adsorber 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 No such units on-site OR
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 Other (please list) 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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DEP Form No. 62-213.900(2) Effective: 2/24/99

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

Responsible Official Certification

form.

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.

TOSEPH GRIFFIN
Print name of responsible official

Signature

<u>Que 1974 200</u>

DEP Form No. 62-213.900(2)



leb Bush Governor

Department of Environmental Protection Surean 2200 Strubs

2600 Blair Stone Road Tallahassee, Florida 32399-2400

June 25, 2001



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Mr. Joseph Griffin Tropical Cleaners 2770 South Orange Blossom Trail Orlando, Florida 32805

Dear Mr. Griffin:

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Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that Tropical Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0950285). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

ETT COMPLETE SET OF THE SET

Please return the corrected form as quickly as possible to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

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PERCHLOROETHYLENE DRY CLEANER 2001
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.

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):
TOMOLOGI PIERI COC
2. Site Name (For example, plant name or number):
\wedge
TROPICAL CLOPANERS
3. Hazardous Waste Generator Identification Number: SHFETY RUESO SYS. INC.
FLD060231420
4. Facility Location: 2410 SOUTH OPHINE BLOCK MY TOAK
Street Address: O O SOUND O SOUN
City: ORLANDO County: OLANGE Zip Code: 32805
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0950285-002
Responsible Official
6. Name and Title of Responsible Official:
Name: JOSEPHORIFFIN Title: DRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: TROPICAL CLEANERS Street Address: 2770 SOUTH OKANOE BLOSSOM TRAIL
County Zin Code:
PACHES SAURS SECRET
8. Responsible Official Telephone Number:
Telephone: (407)425-0055 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: () -

DEP Form No. 62-213.900(2)

Facility Information Charles Communication		
1.(a) DRY-TO-DRY MACHINES ON	in the last of the administration of the LY	and the supplied of the suppli
How many dry-to-dry machines do you ha	ave on-site?	es and one stand
For each dry-to-dry machine on-site, plea	se provide the following informati	ion:
Date Initially Purchased Status From Manufacturer (circle one	Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
15-MAR-95 Existing/N	New RC/CA/None required	SAME
Existing/N	New RC/CA/None required	
Existing/N	New RC/CA/None required	रामकार विकास स्थापन १८५० हो।
*CONTROL DEVICE KEY: RC =	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MACHINES ONLY	e de la companya de l	NONE
How many washers do you have on-site?	· · · · · · · · · · · · · · · · · · ·	1:31 6 / 1 31 6 /
How many washers do you have on-site? How many dryers/reclaimers do you have	on-site?	
How many dryers/reclaimers do you have If the transfer machine was purchased fro unit. If the transfer machine was purchase 1993, it is a NEW unit (no units purchase permit). For each transfer machine on-si	om the manufacturer prior to or on ad from the manufacturer between ad after September 22, 1993 are all te, please provide the following in	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information:
How many dryers/reclaimers do you have If the transfer machine was purchased fro unit. If the transfer machine was purchase 1993, it is a NEW unit (no units purchase	om the manufacturer prior to or on ad from the manufacturer between ad after September 22, 1993 are all	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
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How many dryers/reclaimers do you have If the transfer machine was purchased fro unit. If the transfer machine was purchase 1993, it is a NEW unit (no units purchase permit). For each transfer machine on-si Date Initially Purchased Status From Manufacturer (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New	om the manufacturer prior to or on the december 22, 1993 are all the please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
How many dryers/reclaimers do you have If the transfer machine was purchased fro unit. If the transfer machine was purchase 1993, it is a NEW unit (no units purchase permit). For each transfer machine on-si Date Initially Purchased Status From Manufacturer (circle one) Existing/New Existing/New Existing/New Existing/New *CONTROL DEVICE KEY: RC =	m the manufacturer prior to or on a from the manufacturer between a from the from the manufacturer between a from the manufact	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
How many dryers/reclaimers do you have If the transfer machine was purchased fro unit. If the transfer machine was purchase 1993, it is a NEW unit (no units purchase permit). For each transfer machine on-si Date Initially Purchased Status From Manufacturer (circle one) Existing/New Exist	m the manufacturer prior to or on ad from the manufacturer between ad after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one) RC/CA/None required	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening ___

3. What is the facility's source class Indicate with an "X". Select of				
Small Area Source		ta e antropy	rode a roginalemboy ae	ant of the
Dry-to-dry mach Transfer only or Both machine ty	i-site (used less than 140 gallo used less than 200 gallo used less than 140 gallo	ns of perc per year)	ON The analysis The Name of States
Large Area Source	. []			•
Dry-to-dry mach Transfer only on Both machine ty	n-site (used 140 - 2,100 gallon used 200 - 1,800 gallon used 140 - 1,800 gallon	s of perc per year)	
What control technology is requ (Indicate with an "X".)	ired on machines pu	ursuant to section (5) of	Part II of this notification	on form?
Existing machines at sma (NONE REQUIRED)	all area source	New machines a Refrigerated con	at small area source	
Existing machines at larger Carbon adsorber Refrigerated condenser	e area source	New machines a Refrigerated con	at large area source ndenser []	
5. A facility which contains non-exception criteria or that no such All steam and hot water generating No such units on-site. How many boilers do you have on	hat all steam and hot units exist on-site (s g units exempt [t water generating units	on-site meet the follow	
For each boiler, indicate its horsep	oower (HP) rating: [_	$ +$ ω		
What type of fuel do you use?] propane] No. 2 fuel o] No. 6 fuel o	·	el oil	
6. Equipment Monitoring and Rec	ordkeeping Informa	ition	. ~	-
Check all logs which are required	to be kept on-site in	accordance with the rec	quirements of this gene	ral permit:
(a) Purchase receipts and solvent p	ourchases/solvent ad	dition log		
(b) Leak detection inspection and	repair		(X)	
(c) Refrigerated condenser temper	ature monitoring		\(\)	
(d) Carbon adsorber exhaust perc	concentration monit	oring	ريكن	
(e) Startup, shutdown, malfunction	on plan	y Santa tanàna mandra dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kao		
Land Joseph	e distable (Leaning Street	with the state of		

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

A STATE OF THE STA

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.

Print name of responsible official

Joseph

Que 1974 200 1

DEP Form No. 62-213.900(2)

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -



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 leave a convent to the address listed in the instructions and leave a convent to the address listed in the instructions and leave a convent to the address listed in the instructions and leave a convent to the form for the first part of the f 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):	
TOOOLCH! (IFALLED?	
2. Site Name (For example, plant name or number):	
TROPICAL CLEANERS	10
3. Hazardous Waste Generator Identification Number: 84FETY RUESO SYS. IN	١٠, ٢
FLD060231420	•
4. Facility Location: 2470 SOUTH OUT USE BLOSSOM TRAD	
Street Address: Old Scale County: Old Company Zip Code: 2700	\sim
CHY ORLANDO COURTY ORANGE ZIPCOUR 3250	\triangleright
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
0950285-00	22
	W-45-5
Responsible Official	
6. Name and Title of Responsible Official:	
Name: JOSEPHORIFFIN Title: DRESIDENT	
7. Responsible Official Mailing Address:	
Organization/Firm: TROPICAL CLEANERS Street Address: 2770 SOUTH ORANGE BLOSSOM TRAIL	
City: Zin Code:	_
CHANDO CHANGE 3990E	>
8. Responsible Official Telephone Number:	1
Telephone: (407) 425-0055 Fax: () -	
1 0005	
Facility Contact (If different from Responsible Official)	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	D. T.
Facility Contact (If different from Responsible Official)	n w E M
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address:	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address:	
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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: JUL 3	2001
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DEP Form No. 62-213.900(2)

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")
15-MAR-95	Existing	RC/CA/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?

NONE

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:

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	Existing/New Existing/New Existing/New	RC/CA/None required RC/CA/None required 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?

97.5] 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

DEP Form No. 62-213.900(2)

What is the facility's source classification based or Indicate with an "X". Select one classification or	
Small Area Source	States as seat of the action of the explanation of the
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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 []
	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following (see attached memo for the criteria).
No such units on-site	
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	<u> </u>
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	ddition log
(b) Leak detection inspection and repair	Ę <u>X</u> J
(c) Refrigerated condenser temperature monitoring	Monega
(d) Carbon adsorber exhaust perc concentration mon	itoring
(e) Startup, shutdown, malfunction plan	
	.1

DEP Form No. 62-213.900(2) Effective: 2/24/99

DEMIT RENEWEL

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

IOSEPH GRIFF()
Print name of responsible official

Date Our. 10th 2001

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

950285 10 TROPICAL CLEANERS 2771 South Orange Blossom Tral ORLANDO, FL 32805 FLAIR ACCT. CODE 372020350013755010000
BENIEFTING OBJECT CODE 002000
BENIFITING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

443249 DEC132004

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

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