

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 1 2001

Mr. Dennis Rodriguez  
Priceless Dry Cleaners  
220 North Orlando Avenue  
Winter Park, Florida 32789

Re: Facility No.: 0950286-002

Dear Mr. Rodriguez:

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

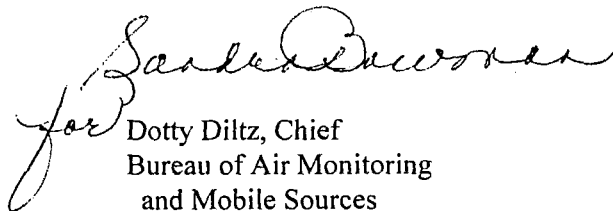
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0950286-002

P15

1(a) New should be circled under States for each machine.

P16

4. New machines at small area source should be marked.

6(e) Required

P17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUN 18 2001

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): <i>CARDEN, INC</i>
2. Site Name (For example, plant name or number): <i>PRICELESS DRY CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FL0984220293</i>
4. Facility Location: Street Address: <i>220 - N. ORLANDO AVE</i> City: <i>WINTER PARK</i> County: <i>ORANGE</i> Zip Code: <i>32789</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950286-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>DENNIS RODRIGUEZ</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>220 - N. ORLANDO AVE</i> City: <i>WINTER PK.</i> County: <i>ORANGE</i> Zip Code: <i>32789</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 740-5258</i> Fax: <i>(407) 740-8843</i>

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: ( ) -

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
6/00	Existing	RC/CA/None required	SAME
6/97	Existing	RC/CA/None required	SAME
_____	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?**

[ ~~150~~ ] gallons (You must fill this in)  
60

(b) If less than 12 months, how many? [ 9<sup>3</sup> ] months

Check why it is less than 12 months: New owner: [ X ] 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><br>(NONE REQUIRED) <input type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u><br>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

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.*

DENNIS RODRIGUEZ  
Print name of responsible official

DF. [Signature]  
Signature

6-14-01  
Date

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

- If you are a new owner, please check this and return this form with your completed notification form.

- If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.



0950286-002

P15

1(a) New should be circled under status for each machine.

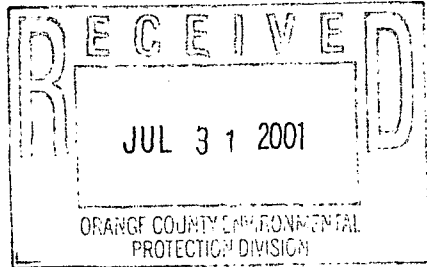
P16

4. New machines at small <sup>should be large AD</sup> <sup>8-14-01</sup> <sup>source</sup> should be marked. see pg 15 2(a)

6(e) Required

P17

Responsible official sign and date for changes made.



RECEIVED JUN 18 2001  
Bureau of Air Monitoring & Mobile Sources  
RECEIVED OCT 15 2001  
Bureau of Air Monitoring & Mobile Sources

owner's

Zip Code: 32789

0286-002

ES -

Zip Code: 32789

7) 740- 8843

Street Address:

City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( ) -

Fax: ( ) -

0950286-002

P15

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Responsible official sign and date for changes made.

RM

al Permit

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Bureau of Air Monitoring & Mobile Sources

RECEIVED JUN 18 2001

(owner):

Zip Code: 32789

0286-002

ES.

Zip Code: 32789

7) 740- 8343

Street Address:

City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( )

Fax: ( )

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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RECEIVED  
JUL 31 2001  
ORANGE COUNTY ENVIRONMENTAL  
PROTECTION DIVISION

**Facility Information**

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<u>6/00</u>	<del>Existing</del> <u>New</u>	<del>RC</del> <u>CA</u> / None required	<u>SAME</u>
<u>6/97</u>	<del>Existing</del> <u>New</u>	<del>RC</del> <u>CA</u> / None required	<u>SAME</u>
_____	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?     

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\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

~~60~~ gallons (You must fill this in) ~ 400 Gallons, not 60. JB 8-14-01

(b) If less than 12 months, how many? 3 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.)

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

- |  |   |
|--|---|
| <p><u>Existing machines at small area source</u><br/>(NONE REQUIRED) <input type="checkbox"/></p> <p><u>Existing machines at large area source</u><br/>Carbon adsorber <input type="checkbox"/><br/>Refrigerated condenser <input checked="" type="checkbox"/></p> | <p><u>New machines at small area source</u><br/>Refrigerated condenser <input checked="" type="checkbox"/></p> <p><u>New machines at large area source</u><br/>Refrigerated condenser <input checked="" type="checkbox"/></p> |
|--|---|

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

DENNIS RODRIGUEZ

Print name of responsible official

DF. [Signature]  
Signature

6-14-01  
Date

DF. [Signature]

8-14-01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457166 DEC22 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

950286 10  
PRICELESS DRY CLEANERS  
220 N Orlando Ave  
WINTER PARK, FL 32789

Bureau of Air Monitoring  
& Mobile Scurra

RECEIVED  
DEC 29 2005

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436577 FEB192004

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**

434447  
12/18/03

X 2/19/04

Do NOT Remove Label

ID# 950286  
DENNIS RODRIGUEZ  
PRICELESS DRY CLEANERS  
220 N ORLANDO AVE  
WINTER PARK, FL 32789

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434448 DEC18 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**



RECEIVED  
DEC 19 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

950286  
DENNIS RODRIGUEZ  
PRICELESS DRY CLEANERS  
220 N ORLANDO AVE  
WINTER PARK FL 32789

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420915 DEC20 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**

Do NOT Remove Label

AIRS ID#0950286

PRICELESS DRY CLEANERS  
DENNIS RODRIGUEZ  
220 N ORLANDO AVE  
WINTER PARK FL  
32789

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

DEC 27 2002  
Bureau of Air Force  
& Military Affairs

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Total Postage ID# 950286

Sent To: DENNIS RODRIGUEZ  
PRICELESS DRY CLEANERS  
Street, Apt. or PO Box: 220 N ORLANDO AVE  
City, State: WINTER PARK, FL 32789

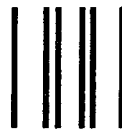
PS Form 3800, June 2002 See Reverse for Instructions

0963 1595 0000 0922 0002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ID# 950286            DENNIS RODRIGUEZ            PRICELESS DRY CLEANERS            220 N ORLANDO AVE            WINTER PARK, FL 32789         </div>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Belinda Moore</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           7003 2260 0003 5651 0963         </div>	<p>3. Service Type</p> <p> <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>

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 12 2004

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443749 DEC272004

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# 950286 10  
PRICELESS DRY CLEANERS  
220 N Orlando Ave  
WINTER PARK, FL 32789

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

RECEIVED  
DEC 28 2004  
Bureau of Air Mail  
& Mobile Services

Printed on recycled paper.

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER...

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

412155

412155 DEC 24, 2001

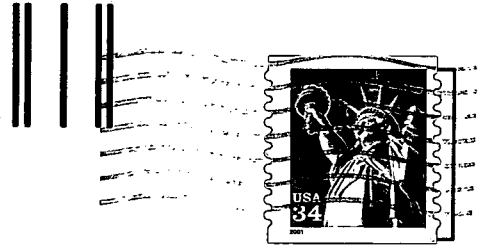
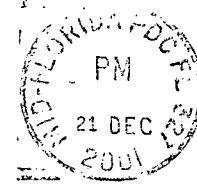
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WINTER PARK FL  
32789

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

PriceLess Dry Cleaners  
220 N Orlando Avenue  
Winter Park FL 32789



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

9

