

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 4, 2001

Mr. Romulo Gonzalez
Perfection Cleaners
1216 North Mills Avenue
Orlando, Florida 32803

Re: Facility No.: 0950297-002

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 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"

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Geesleid
800 ✓

0950297-002

p16

6(e) Required.

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

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):	Perfection Dry Cleaners + Laundry Corp.				
2. Site Name (For example, plant name or number):	Perfection Cleaners.				
3. Hazardous Waste Generator Identification Number:	FLD 115 385 197				
4. Facility Location: Street Address:	1216 N. Mills Ave				
City:	Orlando	County:	Orange	Zip Code:	32803
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950297-002				

Responsible Official

6. Name and Title of Responsible Official: Name:	Romulo Gonzalez	Title:	President		
7. Responsible Official Mailing Address: Organization/Firm:	1216 N. Mills Ave				
Street Address:					
City:	Orlando	County:	Orange	Zip Code:	32803
8. Responsible Official Telephone Number: Telephone:	(407) 896-7035	Fax:	(407) 896-7035		

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:	()		

RECEIVED
JUN 22 2001
Bureau of Air Monitoring & Mobile Sources
6/22/01
6/22/01
6/22/01

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")
6-1-91	Existing	RC	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? []

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?

[60] 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".)

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?

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:

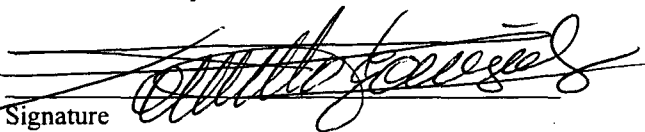
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

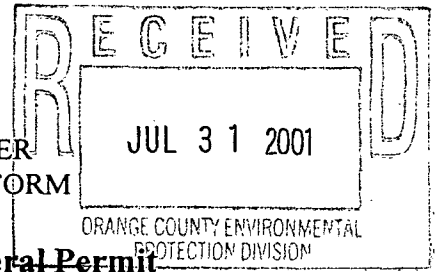
I will promptly notify the Department of any changes to the information contained in this notification.

Rodrigo Gonzalez
Print name of responsible official


Signature

6-18-01
Date

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 keep a copy of the form for your files.

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Perfection Dry Cleaners + Laundry Corp.		
2. Site Name (For example, plant name or number):	Perfection Cleaners.		
3. Hazardous Waste Generator Identification Number:	FLD 115 385 197		
4. Facility Location: Street Address: City:	1216 N. Mills Ave ORLANDO County: ORANGE Zip Code: 32803		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950297-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	Romulo Gonzalez	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	1216 N. Mills Ave ORLANDO County: ORANGE Zip Code: 32803		
8. Responsible Official Telephone Number: Telephone:	(407) 896-7035	Fax:	(407) 896-7035

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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
 JUN 28 2001
 Bureau of Air Monitoring
 & Mobile Sources
 6120 P.O. Box 16000
 Orlando, FL 32816

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6-1-91	Existing/New	RC/CA/None required	SAME
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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).

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No such units on-site

How many boilers do you have on-site? 1

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

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

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

Rodrigo Gonzalez

Print name of responsible official

~~Signature~~ 

Signature

6-18-01
Date

~~Signature~~ 

8-3-01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435682 JAN26 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

950297
RONULO-GONZALEZ
PERFECTION DRY CLEANERS
1216 N MILLS AVENUE
ORLANDO FL 32803

Bureau of Air Mail
& Mobile Sources

JAN 28 2004

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



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

420758 DEC16 2002

Do NOT Remove Label

AIRS ID#0950297
PERFECTION DRY CLEANERS
RONULO GONZALEZ
1216 N MILLS AVENUE
ORLANDO FL
32803

RECEIVED
DEC 18 2002
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
Ac.: 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
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0950297</p> <p>PERFECTION DRY CLEANERS RONULO GONZALEZ 1216 N MILLS AVENUE ORLANDO FL 32803</p>	C. Signature X <i>V Trepler</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label) 7000 0600 0026 4128 7454	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>		
7000 0600 0026 4128 7454	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
AIRS ID # 0950297 PERFECTION DRY CLEANERS RONULO GONZALEZ 1216 N MILLS AVENUE ORLANDO FL 32803	<input type="checkbox"/> for Instructions	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~X~~ 414052 FEB13 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 # 0950297
PERFECTION DRY CLEANERS
RONULO GONZALEZ
1216 N MILLS AVENUE
ORLANDO FL
32803

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 950297 10
PERFECTION DRY CLEANERS
1216 N Mills Ave
ORLANDO, FL 32803

Printed on recycled paper.

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

Bureau of Air Monitoring
& Mobile Sources

DEC 16 2004

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