



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 16, 2003

Ms. Jasmine Freeman
Palms Dry Cleaners, Inc.
4304 Curry Ford Road
Orlando, Florida 32806-2707

Re: Facility No.: 0951178-003

Dear Ms. Freeman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 2003.

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 Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

alt phone 407 851-1605

800 Mercy Drive
Suite 4
Orlando, FL 32808

November 20, 2003

RE: Dry Cleaner Notification Corrections

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

RECEIVED

NOV 25 2003

Bureau of Air Monitoring
& Mobile Sources

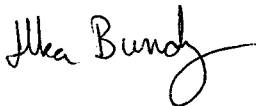
To Whom It May Concern:

Enclosed are the corrections for the following Perchloroethylene Dry Cleaner Air General Permit Notification Forms:

- 0951200-002
- 0951178-003

If you have any questions or concerns, please contact me at 407-836-1476 or at ilka.bundy@ocfl.net.

Thank you,



Ilka Bundy
Environmental Specialist
Orange County Environmental Protection Division
Enclosures (2)

ib

09/26/2003

Spoke with Ms. Jasmine Freeman, president, Palms Dry Cleaners Inc., and she stated that Ms. Nancy Pullum is the owner of the building that houses the dry cleaning the facility. She indicated that Palms Dry Cleaners, Inc. owns the dry cleaning facility. She stated the control device for the dry-to-dry machine is a built in chiller (refrigerated condenser).

Page 15

1. (a) New should be circled under Status for 1996 dry-to-dry machine.
RC should be circled under Control Device Required for 1996 dry-to-dry machine.
Add Date Control Device Installed for 1996 dry-to-dry machine.

Page 16

4. New machines at small area source Refrigerated condenser should be marked for 1996 dry-to-dry machine using less than 140 gallons of perchloroethylene.

6. (e) Required for all sources. Should be marked.

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION
2003 OCT 20 AM 11:41

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 15 2003

Bureau of Air Monitoring
& Mobile Stations

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): | Nancy Pullum | |
| 2. Site Name (For example, plant name or number): | Palms Dry Cleaners Inc. | |
| 3. Hazardous Waste Generator Identification Number: | | |
| 4. Facility Location: | | |
| Street Address: | 4304 Curryford Road | |
| City: | Orlando | County: Orange |
| | | Zip Code: 32806-2707 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) | 0951178-003 | |

RECEIVED
NOV 25 2003
Bureau of Air Monitoring
& Mobile Stations

Responsible Official

| | | |
|--|-------------------------|----------------------|
| 6. Name and Title of Responsible Official: | | |
| Name: | Jasmine Freeman | Title: President |
| 7. Responsible Official Mailing Address: | | |
| Organization/Firm: | Palms Dry Cleaners Inc. | |
| Street Address: | 4304 Curryford Road | |
| City: | Orlando | County: Orange |
| | | Zip Code: 32806-2707 |
| 8. Responsible Official Telephone Number: | | |
| Telephone: | (407) 898-9888 | Fax: () - |

Facility Contact (If different from Responsible Official)

| | | |
|---|---------------------|----------------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Ashley Freeman | |
| 10. Facility Contact Address: | | |
| Street Address: | 4304 Curryford Road | |
| City: | Orlando | County: Orange |
| | | Zip Code: 32806-2707 |
| 11. Facility Contact Telephone Number: | | |
| Telephone: | (407) 898-9888 | Fax: () - |

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 From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| 1996 | Existing/New | 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?

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?

gallons (You must fill this in) *Have not been used for last 12 months*

(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)

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.

Jasmine Freeman
Print name of responsible official

Jasmine Freeman
Signature

September 12, 2003
Date

Please refer to Old Air ID# 0951178

CHANGES
MADE:

JASMINE FREEMAN
PRINT NAME

Jasmine Freeman
SIGNATURE

11/14/03
DATE

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 15 2003
Bureau of Air Monitoring
& Mobile Source

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): | Nancy Pullum | | |
| 2. Site Name (For example, plant name or number): | Palms Dry Cleaners Inc. | | |
| 3. Hazardous Waste Generator Identification Number: | | | |
| 4. Facility Location: | | | |
| Street Address: | 4304 Curryford Road | | |
| City: | Orlando | County: | Orange |
| | | Zip Code: | 32806-2707 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) | 0951170-003 | | |

Responsible Official

| | | | |
|--|-------------------------|-----------|------------|
| 6. Name and Title of Responsible Official: | | | |
| Name: | Jasmine Freeman | Title: | President |
| 7. Responsible Official Mailing Address: | | | |
| Organization/Firm: | Palms Dry Cleaners Inc. | | |
| Street Address: | 4304 Curryford Road | | |
| City: | Orlando | County: | Orange |
| | | Zip Code: | 32806-2707 |
| 8. Responsible Official Telephone Number: | | | |
| Telephone: | (407) 898-9888 | Fax: | () - |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---------------------|-----------|------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Ashley Freeman | | |
| 10. Facility Contact Address: | | | |
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| City: | Orlando | County: | Orange |
| | | Zip Code: | 32806-2707 |
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|---|------------------------|--|---|
| 1996 | <u>Existing</u> /New | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | 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?

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| 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/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | 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?

gallons (You must fill this in) *has not been use for last 12 months*

(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

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

Jasmine Freeman


Print name of responsible official

Jasmine Freeman
Signature

September 12, 2003
Date

Please refer to Old Air ID# 0951178

09/26/2003

 Spoke with Ms. Jasmine Freeman, president, Palms Dry Cleaners Inc., and she stated that Ms. Nancy Pullum is the owner of the building that houses the dry cleaning the facility. She indicated that Palms Dry Cleaners, Inc. owns the dry cleaning facility. She stated the control device for the dry-to-dry machine is a built in chiller (refrigerated condenser).

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6. (e) Required for all sources. Should be marked.

Ismine Freeman
do palms Cleaners Inc
4304 Curryford Road
Orlando, FL 32806-2707

ORLANDO FL 328

12SEP03PM 01T



To. General Permits Section
Bureau of Air Monitoring and
mobile Source, ms 5510
Department of Environmental Protection
2600 Blair Stone Road

32399-2400
ORLANDO FL 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436419 FEB172004

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

ID# 951178
JASMINE FREEMAN
PALMS DRY CLEANERS
4304 CURRY FORD ROAD
ORLANDO, FL 32806

FOR GOVERNMENT USE ONLY
Org.: 375501000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
FEB 20 2004
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444809 JAN21 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

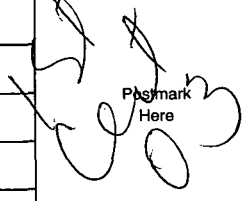
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 951178 10
PALMS DRY CLEANERS
4304 Curry Ford
ORLANDO, FL 32806

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

Printed on recycled paper.

| | |
|---|---|
| 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 \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____ | Postmark Here  |
| Sent To ID# 951178 JASMINE FREEMAN PALMS DRY CLEANERS 4304 CURRY FORD ROAD ORLANDO, FL 32806 | |
| PS Form 3800 | |

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:

ID# 951178
 JASMINE FREEMAN
 PALMS DRY CLEANERS
 4304 CURRY FORD ROAD
 ORLANDO, FL 32806

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/6/04

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

7003 2260 0003 5650 8823

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

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