

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 29, 2001

Mr. John J. Stermer  
Admiral Cleaners  
4919-B Southern Boulevard  
West Palm Beach, Florida 33415

Re: Facility No.: 0990408-002

Dear Mr. Stermer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 23, 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: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00  
SOC Ø  
Compliance IN

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

RECEIVED  
JAN 23 2003  
Bureau of Air Monitoring  
& Mobile Sources

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>STERMEN INC</i>
2. Site Name (For example, plant name or number): <i>ADMIRAL CLEANER</i>
3. Hazardous Waste Generator Identification Number: <i>FLO 981471063</i>
4. Facility Location: Street Address: <i>4919 B SOUTHWAN BLVD</i> City: <i>WEST PALM BEACH</i> County: <i>PALM BEACH</i> Zip Code: <i>33411</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0990408-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>J. J. STERMAN</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>4919 B SOUTHWAN BLVD,</i> Street Address: <i>SAME STERMAN INC.</i> City: <i>WEST PALM BEACH</i> County: <i>PALM BEACH</i> Zip Code: <i>33411</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 683-9293</i> Fax: <i>( ) 411</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?

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")
DEC 1985	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> 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)

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

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?  1

For each boiler, indicate its horsepower (HP) rating:  10  HP

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.*

J. J. STERNEN PER

Print name of responsible official

J. J. Stern  
Signature

1/13/03  
Date

1/28/2003  
File SB

0990408-002

P15 1(a) Existing should be circled under  
Status

None Required should be circled under  
Date Control Device

Date Control Device Installed should  
be blank.

P16  
6(c) Not Required for Existing small  
sources. Should not be marked.

(e) Required for all sources.

P17 Responsible official sign and date  
for changes made.

RECEIVED  
JUL 23 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
Mobile Sources

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>Stermer, Inc</i>
2. Site Name (For example, plant name or number): <i>Admiral Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 981 471863</i>
4. Facility Location: Street Address: <i>4917B Southern Blvd.</i> City: <i>W. Palm Bch.</i> County: <i>Palm Bch</i> Zip Code: <i>33415</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0990408-008</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>John J. Stermer</i> Title: <i>Pres., Stermer, Inc.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Stermer, Inc.</i> Street Address: City: <i>Same</i> County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(561) 583-9293</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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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")
1986	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
_____	Existing <input type="radio"/> New	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New	RC <input type="radio"/> CA <input type="radio"/> 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 <input type="radio"/> New	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New	RC <input type="radio"/> CA <input type="radio"/> 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)

(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".)

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input checked="" 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 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:

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- (d) Carbon adsorber exhaust perc concentration monitoring
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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 \_\_\_\_\_

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.*

J J Stermer  
Print name of responsible official

JJ Stermer  
Signature

7/16/01  
Date



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**

424144 FEB28 2003

Do **NOT** Remove Label

AIRS ID#0990408

ADMIRAL CLEANERS  
 J J STERMER  
 4919-B SOUTHERN BLVD  
 WEST PALM BEACH FL  
 33415

Bureau of Air Monitoring  
& Mobile Sources

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MAR 05 2003

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

FOR GOVERNMENT USE ONLY  
Org: 3755010100 EO: A1  
Fund: 20-2-035001  
Obj: 002273

AIRMS ID # 0990408  
ADMIRAL CLEANERS  
J J STERMER  
4919-B SOUTHERN BLVD  
WEST PALM BEACH FL  
33415

Do NOT Remove Label

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FEB 22 2002  
Bureau of Air Monitoring  
& Mobile Sources

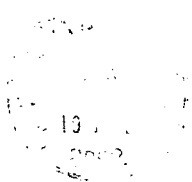
TOTAL AMOUNT DUE: \$50.00

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING  
414345 FEB21 2002

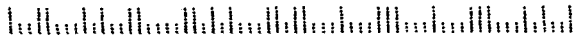


Admiral  
4919 B. Southern  
WPB, FL. 33415



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

32315+3070 89





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437049 FEB 27 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

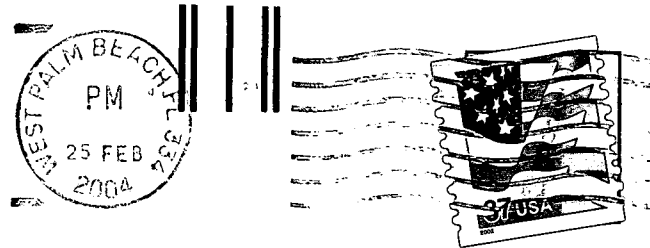
ID# 990408  
 J STERMER  
 ADMIRAL CLEANERS  
 4919-B SOUTHERN BLVD  
 WEST PALM BEACH, FL 33415

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

Bureau of Air  
 & Mobile  
 Services  
 4 2004

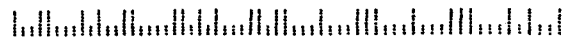
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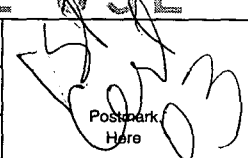


Admiral  
 4645 Gun Club Rd  
 WPB, FL. 33415






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

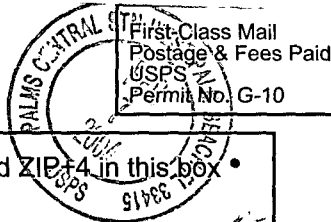
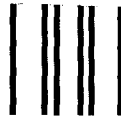
32315+3070 99



<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	 Postmark Here
To: ID# 990408	
Ser: J STERMER	
ADMIRAL CLEANERS	
4919-B SOUTHERN BLVD	
City WEST PALM BEACH, FL 33415	
	

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>	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">           A. Signature            X  </td> <td style="width: 30%;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td>           B. Received by (Printed Name)            J Stermer         </td> <td>           C. Date of Delivery            2-7-04         </td> </tr> </table>	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) J Stermer	C. Date of Delivery 2-7-04
A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee				
B. Received by (Printed Name) J Stermer	C. Date of Delivery 2-7-04				
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             ID# 990408              J STERMER              ADMIRAL CLEANERS              4919-B SOUTHERN BLVD              WEST PALM BEACH, FL 33415           </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  4645 GUNCLUB RD #2				
2. Article Number <i>(Transfer from service label)</i>	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.				
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             7003 2260 0003 5650 0568           </div>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes				

UNITED STATES POSTAL SERVICE



• 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 9 2004

RECEIVED

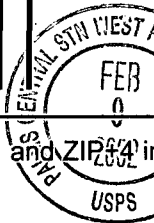




U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
AIRS ID # 0990408	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>
Postmark Here	
<b>Recip.</b> ADMIRAL CLEANERS J J STERMER	(er)
<b>Street,</b> 4919-B SOUTHERN BLVD	
WEST PALM BEACH FL	
<b>City, St</b> 33415	
PS Form	Instructions

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>A. Received by (Please Print Clearly) B. Date of Delivery 2/9/02</p> <p>C. Signature x <i>Dorice Nudi</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0990408</p> <p>ADMIRAL CLEANERS J J STERMER 4919-B SOUTHERN BLVD WEST PALM BEACH FL 33415</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label) 7000 0520 0020 9372 6520</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 •

~~DARWIN~~ 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 11 2002

RECEIVED

