

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2001

Mr. and Mrs. Peter Ricci  
Custom Commerce Laundry  
and Dry Cleaning  
6642 Ridge Road  
Port Richey, Florida 34668

Re: Facility No.: 1010328-002

Dear Mr. and Ms. Ricci:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2001.

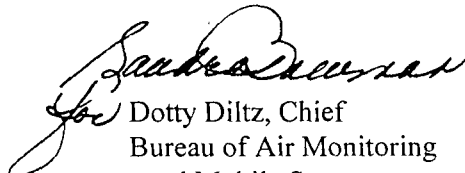
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

1010328-002

p15

1(a) a July 13, 1985 purchase date classifies dry clean machine as an Existing source.

Existing should be circled under Status

None Required should be circled under Control Device Required

p16

4. Existing machine at small area source should be marked.

p17

Responsible official sign and date for changes made.

Hal Fees Paid  
90C ✓

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 13 2004  
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. See 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): <b>CUSTOM COMMERCE LAUNDRY &amp; DRY CLEANING</b>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>6642 RIDGE RD.</b> City: <b>PORT RICHEY</b> County: <b>PASCO</b> Zip Code: <b>34668</b>
5. Facility Identification Number: (DEP Use ONLY - do not fill in): <b>1010328-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>PETER &amp; CINDY K. RECCI</b> Title: <b>OWNERS</b>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <b>SAME AS ABOVE</b> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: ( ) - 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: ( ) -

**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")
7/13/85	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

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

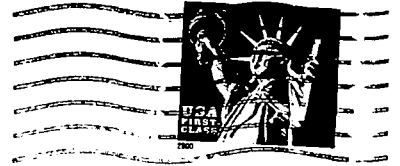
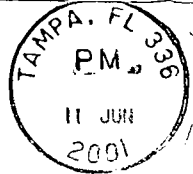
*I will promptly notify the Department of any changes to the information contained in this notification.*

CINDY K. & PETER RICCI  
Print name of responsible official

Cindy K. Ricci  
Signature  
Peter Ricci

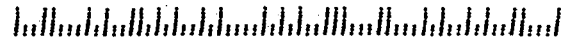
6/11/01  
Date

Customs Commerce Laundry  
6642 Ridge Rd.  
Port Richey, Fl. 34668



General Permits Section  
Bureau of Air Monitoring & Mobile  
Department of Environmental Resources, Md 5510  
2600 Blue Stone Rd. Protection  
Tallahassee, Fl. 32399-2400

32399+2400





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.

FLORIDA DEPARTMENT OF  
REVENUE

JAN 19 PM 3:13

ACCOUNTING  
REVENUE

SUBMITTED: 6/13/01

EXPIRED PERMIT: 7/14/2006

Do NOT Remove Label

TOTAL AMOUNT DUE \$50.00

CHANGE OF OWNERSHIP

BUILDING

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

AIRS ID# 1010328  
CUSTOM COMMERCE  
6642 Ridge Road  
PORT RICHEY, FLORIDA 34668

Ridge Rd.  
down way +  
Clubs.

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

Printed on recycled paper.

(727) 457-1896 CELL

727 859-9213

Flurry  
5/20/06

JERRY CURRY  
PETER BRET

~~850 927 7744~~

10031 DEER CANYON  
NP RENEY  
134654

---

Ridge Co. Lawsey & Chas.  
6642 Ridge Rd.  
Port Richey, Fl. 34668

TAMPA FL 336

16 JAN 07 PM 8 T



RECEIVED  
JAN 18 2007

Dpt. of Environmental Protection  
Div. of Air Resource MGMT.  
2600 Blair Stone Rd. M.S. 5510  
Tallahassee, Fl. 32399

32399/9999



5510

5521

MS# \_\_\_\_\_ MC Acct # \_\_\_\_\_

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

F & A MS 77

January 26, 2007

**Ref.: Expired Permit**

AIRS ID# 1010328, RIDGE ROAD CLEANERS, 6642 Ridge Rd, Port Richey, FL 34668

Dear Mr. Jerry Curley,

It was a pleasure to speak with you today regarding your Perchloroethylene Dry Cleaner Air General permit and the renewal process. As I mentioned in our conversation the permit for the referenced dry cleaning facility expired on July 14, 2006. Air General Permits are valid for a period of five (5) years and the last registration was submitted on June 13, 2001.

As we also discussed, the Air General permit is **not** transferable upon a change of ownership. It is customary that the previous owner notify us when a change of ownership is imminent. At the same time it is his/her responsibility to inform the new owner of his/her responsibility to submit a new registration form at least thirty (30) days prior to the sale.

Enclosed you will find the Perchloroethylene Dry Cleaner Air General Permit registration form which I have labeled with the AIRS ID number specific to your facility. If you are the Responsible Official, please complete the form, print your name, sign your name and date the last page of the form. The form itself begins on page 14 and ends on page 17. Pages 1-13 provide an overview of the rule, and pages 18 thru 19 provide directions for completing the form.

Mail the **original**, signed and completed Part III of this form as soon as possible to:

Attn: Dick Dibble  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, **MS 5510**  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Please keep a copy of the form for your records in the event your facility is visited by an inspector. From the date your form is received, your application will proceed thru a 30 day review period. Please fill out the form completely and according to the characteristics of your facility. Please don't forget to sign and date the form.

**DO NOT SEND MONEY!** We have already received your annual fee for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

Sincerely,

*Dickson E. Dibble*

**Dickson E. Dibble**  
FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Air General Permit Program  
(850) 921-9586  
SunCom 291-9586  
ICG-#345  
**Dickson.Dibble@dep.state.fl.us**

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

448969 MAR14 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# 1010328 1stC  
~~CUSTOM COMMERCE LAUNDRY~~  
6642 Ridge Road  
~~PORT RICHEY, FL 34668~~

Printed on recycled paper.

RIDGE ROAD  
6642 RIDGE RD.  
PORT RICHEY, FL 34668  
AIRBORNE  
AIR Monitor  
MAR 1 2005  
RECEIVED  
RIDGE ROAD  
6642 RIDGE RD.  
PORT RICHEY, FL 34668  
AIRBORNE  
AIR Monitor  
MAR 1 2005  
RECEIVED  
RIDGE ROAD  
6642 RIDGE RD.  
PORT RICHEY, FL 34668  
AIRBORNE  
AIR Monitor  
MAR 1 2005  
RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436210 FEB11 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

1010328  
PETER RICCI  
CUSTOM COMMERCE LAUNDRY  
6642 RIDGE ROAD  
PORT RICHEY FL 34668

RECEIVED  
FEB 18 2004  
Bureau of Air Mail  
by MICHELE S. [unclear]

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

(CUT HERE)

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.

459045 FEB 17 2006

RECEIVED  
FEB 21 2006  
Bureau of A. & Mobile

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1010328 1st  
RIDGE ROAD CLEANERS  
6642 Ridge Road  
PORT RICHEY, FL 34668

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 3750101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422380 JAN31 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**

Do **NOT** Remove Label

AIRS ID#1010328  
CUSTOM COMMERCE LAUNDRY  
PETER RICCI  
6642 RIDGE ROAD  
PORT RICHEY FL  
34668

Bureau of Air Mail  
& Mobile Services  
FEB 05 2003

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

7004 2510 0002 3939 7941

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://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 AIRS ID#1.01033e+006.....2<sup>nd</sup> Cert 05  
 CUSTOM COMMERCE LAUNDRY  
 Street, Apt. No.; or PO Box No. 6642 Ridge Road  
 City, State, ZIP+4 PORT RICHEY, FL 34668  
 #1010328-002

PS Form 3800, 01

**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:

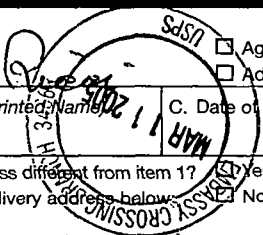
1610328  
 AIRS ID#1.01033e+006.....2<sup>nd</sup> Cert 05  
 CUSTOM COMMERCE LAUNDRY  
 6642 Ridge Road  
 PORT RICHEY, FL 34668

2. Article Number  
(Transfer from service label)

7004 2510 0002 3939 7941

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Peter*  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

RECEIVED

MAR 14 2005

Monitoring  
of Mobile Sources

0001



7004 2510 0002 3939 4421

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total | AIRS ID# 1010328 1stC  
 CUSTOM COMMERCE LAUNDRY  
 Sent To 6642 Ridge Road  
 Street, or PO E PORT RICHEY, FL 34668  
 City, St.

PS Form 3800, June 2002 See Reverse for Instructions

**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:

AIRS ID# 1010328 1stC  
 CUSTOM COMMERCE LAUNDRY  
 6642 Ridge Road  
 PORT RICHEY, FL 34668

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Peter Ricci*  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

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.

7004 2510 0002 3939 4421

2. Article Number  
(Transfer from service label)

Restricted Delivery? (Extra Fee)  Yes

STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

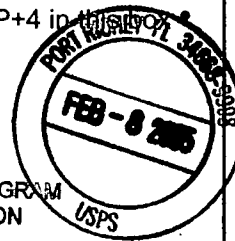
• Sender: Please print your name, address, and ZIP+4 in this box

Bureau of Air Monitoring  
& Mobile Sources

FEB 21 2005

RECEIVED

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412554 JAN 3 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 # 1010328  
CUSTOM COMMERCE LAUNDRY  
PETER RICCI  
6642 RIDGE ROAD  
PORT RICHEY FL  
34668

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

7003 2260 0003 5651 1236

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*18 Oct 03*  
 Postmark Here

ID# 1010328  
 PETER RICCI  
 CUSTOM COMMERCE LAUNDRY  
 6642 RIDGE ROAD  
 PORT RICHEY, FL 34668

PS Form 3800, June 2002 See Reverse for Instructions

**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# 1010328  
 PETER RICCI  
 CUSTOM COMMERCE LAUNDRY  
 6642 RIDGE ROAD  
 PORT RICHEY, FL 34668

2. Article Number

(Transfer from service)

7003 2260 0003 5651 1236

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Cindy K Ricci*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*2-6*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

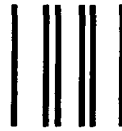
3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

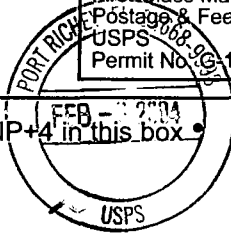
4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 56310



• 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

RECEIVED  
FEB 11 2004

