

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 24, 2001

Mr. Christopher Neurer
Rainbow Cleaners
7201 Bimini Drive
Port Richey, Florida 34668

Re: Facility No.: 1010342-002

Dear Mr. Neurer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 23, 2001.

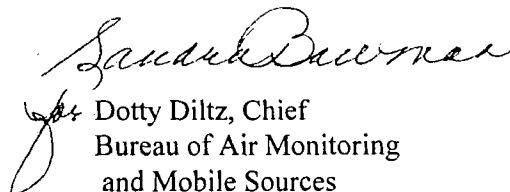
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 23 2001
Bureau of Air Quality 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):	Rainbow Cleaners of Pasco/Hernando Inc.		
2. Site Name (For example, plant name or number):	Rainbow Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 982080558		
4. Facility Location:	12023	US 19	
Street Address:			
City:	Hudson	County:	Pasco
		Zip Code:	34667
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1010342-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Christopher Neuerer	Title:	Owner/President
7. Responsible Official Mailing Address:			
Organization/Firm:	Rainbow Cleaners		
Street Address:	7201 Bimini Pr.		
City:	Port Richey	County:	Pasco
		Zip Code:	34668
8. Responsible Official Telephone Number:			
Telephone:	(727) 847-1652	Fax:	(727) 847-1652
	727 514-3660		

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")
Nov. '88	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

N/A

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".)

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.

Christopher Neuerer
Print name of responsible official

Christopher Neuerer
Signature

3-21-01
Date

Bowman, Sandy

From: Janis, Neal
Sent: Friday, September 20, 2002 8:55 AM
To: Bowman, Sandy
Subject: Rainbow Dry Cleaners

The above #1010342 has a new owner. Her name is Claudia Visser. She owns another shop American Classic Cleaners # 1010370.



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: \$75.00

Do **NOT** Remove Label

AIRS ID # 1010342
RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL 34668

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

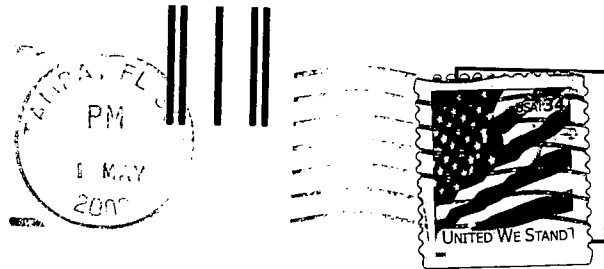
416412 MAY 7 2002

Bureau of Air Monitoring
& Mobile Sources

MAY 7 2002

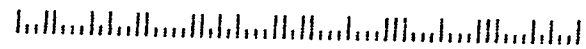
RECEIVED

Printed on recycled paper.



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

32315+3070 33



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

OFFICIAL USE

7001 0320 0001 7975 9524

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

AIRS ID # 1010342

Sent to	RAINBOW CLEANERS
Street or PO	CHRISTOPHER NEUERER
City	7201 BIMINI DRIVE
	PORT RICHEY FL
	34668

PS Re 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 # 1010342
 RAINBOW CLEANERS
 CHRISTOPHER NEUERER
 7201 BIMINI DRIVE
 PORT RICHEY FL 34668

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7975 9524

UNITED STATES POSTAL SERVICE

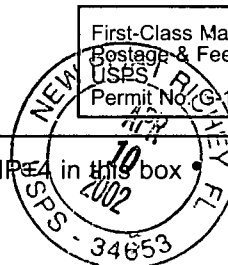


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2600

Bureau of Air Monitoring
& Mobile Sources



APR 12 2002

RECEIVED

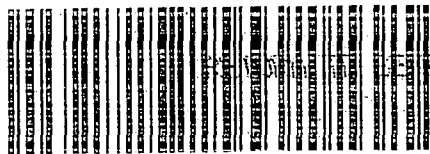
2345+2400



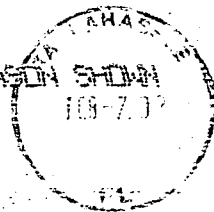
MS# 0010 MC Acct # 0021

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

CERTIFIED MAIL



7000 0520 0020 9373 1814



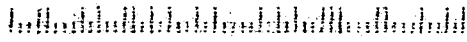
REASON FOR RETURN



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Recipient
- Returned For Better Address

AIRS ID # 1010342
RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL
34668

34668 7201 BIMINI DRIVE



- 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

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

AIRS ID # 1010342

RAINBOW CLEANERS
 CHRISTOPHER NEUERER
 7201 BIMINI DRIVE
 PORT RICHEY FL
 34668

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7006 0520 0020 9373 1814

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

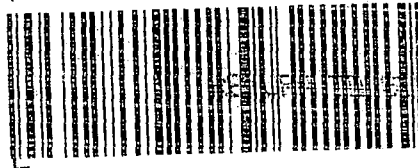
7006 0520 0020 9373 1814

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		AIRS ID # 1010342
Recip	RAINBOW CLEANERS	
	CHRISTOPHER NEUERER	
Street	7201 BIMINI DRIVE	
	PORT RICHEY FL	
City, S	34668	

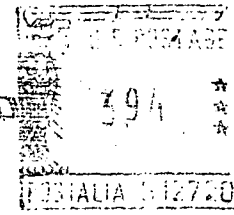
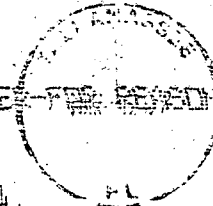
CERTIFIED MAIL

MS# 5510 MC Acct# 5521

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



7001 0320 0001 7976 0001



AIRS-ID # 1010342
RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL
34668

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left no Address
- Undelivered - Returned
- Attempted - Not Known
- No Such Street
- No Such Number
- No Mail Receipt
- Returned For Better Address
- House No. ...
- Initials

MAR 12 2002

RECEIVED

7001 0320 0001 7976 0001

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 # 1010342

RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL
34668

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent
X _____ Addressee

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

Article Number (Copy from service label)

7001 0320 0001 7976 0001

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

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

Postmark
Here

AIRS ID # 1010342

RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL
34668

PS Form 3800, January 2001

See reverse for instructions

7001 0320 0001 7976 0001

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RETURN TO SENDER UNABLE TO FORWARD

RETURN SERVICE REQUESTED

POSTALIA 512200

AIRS ID # 1010342
RAINBOW CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL
34668

RECEIVED
D.E.P.
2001 DEC 27 10:38
STORAGE TANK
REGULATION

544713