



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

February 21, 2006

Ms. Maria Alejandre-Chay
The Clothes Doctor
of Dade City, Incorporated
37743 Florida Avenue
Dade City, Florida 33525

Re: Facility No.: 1010347-003

Dear Ms. Alejandre-Chay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2007.

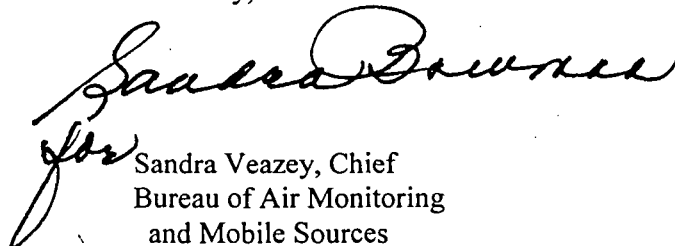
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Christopher Bradley, Southwest District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES ¹⁹⁶196-2006
SOC REPORTS.....
COMP. STATUS-SNC MNC

INS2- Compliance Inspection Walkthrough
INSP- Pasco Co- SWD - C Bradley 12/15/2006

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 16 2007

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):	The Clothes Doctor of Dade City, Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	13915 US 98 Bypass	City:	Dade City
County:	Pasco	Zip Code:	33525
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1010347-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Mania Alejandre-Chay	Title:	Secretary/Responsible Manager
7. Responsible Official Mailing Address:			
Organization/Firm:	Same as above		
Street Address:	37743 Florida Ave	City:	Dade City
County:	Pasco	Zip Code:	33525
8. Responsible Official Telephone Number:			
Telephone:	(352) 206-5972	Fax:	(352) 521-6998

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same as above		
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")
<u>was there at time of purchase</u>	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> 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	_____

N/A

*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 New Owner
- 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.

Mania Alejandre - Choy
Print name of responsible official

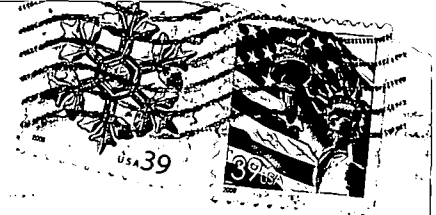
Mania Alejandre - Choy
Signature

1/9/07
Date

Maria Alejandre
37743 Florida Ave
Dade City, FL 33525

TAMPA FL 336

11 JAN 07 PM 6 T



General Permits Sec
Bureau of Airmail
2600 Blair Stone Rd

32399+6342

11 JAN 07 PM 6 T TAMPA FL 336

2600 Blair Stone Rd
Tampa, FL 32399

Airs ID #1010347

(813) 333-4151

1/3/07 LEFT MESSAGE FOR
RETURN CALL

LUCKY DOC INC.
13915 U.S. 98 HIGHWAY
DADE CITY, FL 33525


DECEMBER 27, 2006

SANDRA BOWMAN:

ON DECEMBER 14TH, 2006 THE BUSINESS D.B.A. THE CLOTHES DOCTOR WAS
SOLD.

THE NEW OWNER IS MR. MIGUEL ALEJANDRE. HIS BUSINESS ADDRESS IS THE
SAME AS ABOVE. HIS HOME ADDRESS IS 13932 - 14TH STREET, DADE CITY,
FLORIDA 33525.

SINCERELY



PENNY PARKER

1/9/07

CLOTHES DOCTOR

MARIA = (352) 206-5972

ojitosb@aol.com

SEND REGISTRATION FORM LINK - DONE 1/9/07

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, January 09, 2007 1:13 PM
To: 'ojitosb@aol.com'
Cc: Bowman, Sandy
Subject: AIRS ID# 1010347, Clothes Doctor a.ka. LUCKY DOC INC

Dear Maria,

It was a pleasure to speak with you today regarding the expiration of your current **Air General** permit and the renewal process.

As we have discussed, an 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.

Below you will find the link to the subject item registration form. You may download and print the form from there. 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.

[http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900\(2\).pdf](http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900(2).pdf)

Please mail the signed and completed Part III of this form **as soon as possible to:**

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 the annual fee for your facility for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

With respect to any waste permitting issues, I have provided below a contact name and a phone number for any questions you might have regarding Perchloroethylene dry cleaners and waste permitting.

FL Dept. of Environmental Protection
Waste Division
Hazardous Waste
William "Bill" Burns
(850) 245-8972

or

Mike Redig
(850) 245-8774

Sincerely,

1/9/2007

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