



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 28, 2000

Ms. Claudia Visser  
Tower Oaks Cleaners  
12119 Little Road  
Hudson, Florida 34667

Re: Facility No.: 1010370-002

Dear Ms. Visser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 2000.

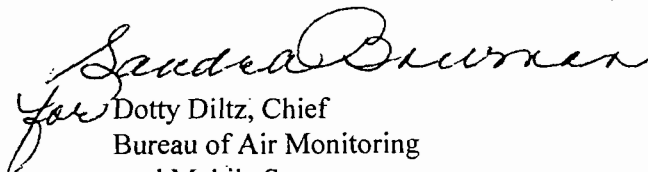
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

DD/jw

cc: Mr. Louis Fernandez, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

Respecter for  
Lasca County -

1/4/07

Neal Jenis - called  
to inform ~~us~~ that  
he went out to facility  
ID# 1010370-002 on

9/14/2004 for inspection &  
noted the facility was  
vacant & the PO left  
no forwarding address.

Please note for the file.

PS: Sandy forgot to E-mail  
you for the files.

1/4/07 - ~~Wacome~~ - D

Air Resource Management System - Facility													
AREA	Office	SWD SW-TAMPA		County	PASCO		AIRS ID	ARMINV01					
Owner/Comp	AMERICAN CLASSIC CLEANERS				Site	AMERICAN CLASSIC CLEANERS							
Directions													
Street	12119 Little Road												
City	HUDSON				Zip	34667							
UTM Zone	17	East	338.24	North	3135.00	Latitude	28	19	58.0000	Longitude	82	40	00.0000
Status	I	INACTIVE			Maj Group SIC	72	PERSONAL SERVICES						
Reloc	N	Shtdwn Dt				Strt Dt				Final Shtdwn Dt			
Gov Fac	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE					HAZ Waste Generator ID	FLD					
AOR Req	N	Ozone SIP Facility	N	Type	10	PCE Drycleaning Facilities							
Compliance Tracking											Current Permit Indicator	AG	
Title V	TITLE V	non-HAP Class	MINOR	HAP Class	MINOR	Public Exempt							
# of Emis Units	C	A	I	Generator Rating								MW	
Comment	699: Under new ownership. Previous AIRS ID#1010363 & 1010343. 04/30/2004-Bad check issued 02/2004 for \$50.00. 01/04/07-I												

RECEIVED  
SEP 25 2001

Bureau of Air Monitoring  
Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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): AMERICAN CLASSIC LAUNDRY INC.
2. Site Name (For example, plant name or number): AMERICAN CLASSIC CLEANERS
3. Hazardous Waste Generator Identification Number: AIRS ID # 1010343001AG
4. Facility Location: Street Address: 12119 LITTLE ROAD City: <del>PORT RICHEY</del> HUDSON County: PASCO Zip Code: 34667
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1010340-002

Responsible Official

6. Name and Title of Responsible Official: Name: CRAIG VISSER Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 9830 SAN SIERRA WAY City: PORT RICHEY County: PASCO Zip Code: 34668
8. Responsible Official Telephone Number: Telephone: (727) 868-9155 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): CLAUDIA VISSER
10. Facility Contact Address: Street Address: 9830 SAN SIERRA WAY City: PORT RICHEY County: PASCO Zip Code: 34668
11. Facility Contact Telephone Number: Telephone: (727) 868-9155 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")
1993	Existing <input checked="" type="radio"/> 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)

(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) electric

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.*

CRAIG A. VISSER

Print name of responsible official

Craig A. Visser  
Signature

9-17-01  
Date

RECEIVED

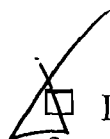
SEP 25 2001

Bureau of Air Monitoring  
- Mobile Sources

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal



If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.





# Department of Environmental Protection

Jeb Bush  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

March 19, 2004

American Classic Laundry Inc.  
12119 Little Rd.  
Hudson, FL 34667

RE: Bad Check  
REC: 010263  
REM: 00555883

RECEIVED  
MAR 23 2004  
Bureau of Air Monitoring  
& Pollution Control

To Whom It May Concern:

You are hereby notified that your check **#4236** drawn on the Wachovia Bank, on February 23, 2004 and made payable to EPA was returned to us marked "**Insufficient Funds.**"

Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of **\$50.00**, and a service fee of \$15.00 or 5% (per check) not to exceed \$150.00. The amount due is **\$65.00**. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **CASHIERS CHECK or MONEY ORDER** payable to the **Department of Environmental Protection** in the amount of **\$65.00** to the **Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315**. After receiving your remittance your dishonored check will be returned. If you have any questions, please contact me at (850) 245-2458.

Sincerely,

Ann R. Sullivan  
Accounting Services Supervisor  
Bureau of Finance and Accounting

AS/TR  
cc: Reading File  
Cashier  
Sandy Bowman

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

**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>American Classic Cleaners</i>
2. Site Name (For example, plant name or number): <i>formerly Lower Oaks Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>CESQG</i>
4. Facility Location: Street Address: <i>12119 Little Rd</i> City: <i>Hudson</i> County: <i>Pasco</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1010390-002</i>

**RECEIVED**  
 Bureau of Air Monitoring  
 & Mobile Sources  
 OCT 2 2000  
 34667

**Responsible Official**

6. Name and Title of Responsible Official:	
Name: <i>Claudia Visser</i>	Title: <i>Owner</i>
7. Responsible Official Mailing Address:	
Organization/Firm: <i>American Classic Cleaners</i>	
Street Address: <i>same</i>	
City:	County: Zip Code:
8. Responsible Official Telephone Number:	
Telephone: <i>(727) 868-9155</i>	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")
9/92	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> 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)
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- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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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  
No such units on-site

 OR

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)

Electric

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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(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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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.*

Claudia Visser

Print name of responsible official

Claudia S. Visser

Signature

10/12/00

Date

## **Bowman, Sandy**

---

**From:** Peddicord, Jennifer  
**Sent:** Thursday, January 06, 2005 3:18 PM  
**To:** Bowman, Sandy  
**Cc:** Sullivan, Ann  
**Subject:** Comptroller Write Off

On 12/14/04 the Comptroller gave us permission to write off the following account:

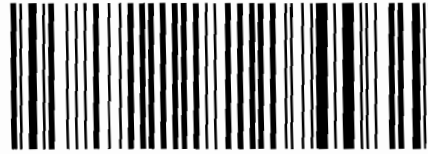
This bad check was applied to object code 2273 in the amount of \$50.00, ref# 1010370.  
American Classic Laundry  
12119 Little Rd.  
Hudson, FL 34667

If you need additional information please let me know.

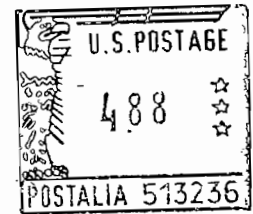
Jennifer Peddicord  
Accountant I  
FDEP - Administration/Revenue, MS-77  
Room 275.07, Carr Building  
Phone# 850-245-2456, SC 205-2456  
Fax# 850-245-2464, SC 205-2464

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL™



7003 0500 0004 0140 8185



RECEIVED  
FEB 20 2004  
Bureau of Air Monitoring  
& Mobile Sources

- Handwritten: Pt. # B22, Carr. Int. ML, Date 2-17
- Not Deliverable As Addressed
  - Unable To Forward
  - Insufficient Address
  - Moved, Left No Address
  - Unclaimed  Refused
  - Attempted - Not Known
  - No Such Street  Number
  - Vacant  Illegible
  - No Mail Receptacle
  - Box Closed - No Order
  - Returned For Better Address

1010370001AG 10  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FL 34667

**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:

1010370001AG 10  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0140 8185

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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.

4. Restricted Delivery? (Extra Fee)  Yes

7003 0500 0004 0140 8185

**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) \_\_\_\_\_

*Handwritten signature*  
 Postmark here

1010370001AG 10  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

PS Form 3800, June 2002

See Reverse for Instructions





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436844 FEB25 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# 1010370  
 CLAUDIA VISSER  
 AMERICAN CLASSIC CLEANERS  
 12119 LITTLE ROAD  
 HUDSON, FL 34667

Bureau of Air  
 & Mobile  
 MAR 2 2004  
 RECEIVED  
 FOR GOVERNMENT USE ONLY  
 Org.: 37550101000, EO 1  
 Fund: 20-2-035001  
 Obj.: 002273

7003 2260 0003 5651 1212

**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)	

Postmark Here  
*18 09 03*

Tr ID# 1010370  
 Claudia Visser  
 AMERICAN CLASSIC CLEANERS  
 12119 LITTLE ROAD  
 HUDSON, FL 34667

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# 1010370  
 CLAUDIA VISSER  
 AMERICAN CLASSIC CLEANERS  
 12119 LITTLE ROAD  
 HUDSON, FL 34667

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*x Ruth Schibel*  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

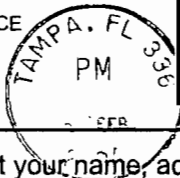
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

7003 2260 0003 5651 1212

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 •

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406076 FEB23 2001

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**

*pl*

Director of Air Monitoring  
& Mobile Sources

FEB 27 2001

RECEIVED

Do NOT Remove Label

AIRS ID # 1010370  
 AMERICAN CLASSIC CLEANERS  
 CLAUDIA VISSER  
 12119 LITTLE ROAD  
 HUDSON FL 34667

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423453 FEB24 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**

**RECEIVED**  
FEB 28 2003

Do NOT Remove Label

AIRS ID#1010370 AMERICAN CLASSIC CLEANERS CLAUDIA VISSER 12119 LITTLE ROAD HUDSON FL 34667
---

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

**PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.**

**COMPLETE THIS SECTION ON DELIVERY**

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 # 1010370  
 AMERICAN CLASSIC CLEANERS  
 CLAUDIA VISSER  
 12119 LITTLE ROAD  
 HUDSON FL  
 34667

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 7/1/02

C. Signature Claudia Visser  Agent  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

2. Article Number (Copy from service label)  
7000 0520 0020 9373 1920

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)**

026T E3E6 0200 0250 0002

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

AIRS ID # 1010370  
 AMERICAN CLASSIC CLEANERS  
 CLAUDIA VISSER  
 12119 LITTLE ROAD  
 HUDSON FL  
 34667

(d by mailer)

PS Form 3800, February 2000 See back for Instructions

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

413948 FEB11 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 # 1010370  
AMERICAN CLASSIC CLEANERS  
CLAUDIA VISSER  
12119 LITTLE ROAD  
HUDSON FL  
34667

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

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

7000 2870 0000 7027 5968

**OFFICIAL USE**

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

*Handwritten signature*  
 Postmark  
 Here

Total Postage  
**Sent To** AMERICAN CLASSIC CLEANERS  
 CLAUDIA VISSER  
 12119 LITTLE ROAD  
 HUDSON FL  
**Street, A1** 34667  
**City, State, ZIP+ 4**

AIRS ID#1010370

PS Form 3800, May 2000

See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS  
 PLACE STICKER AT TOP OF ENVELOPE  
 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#1010370  
 AMERICAN CLASSIC CLEANERS  
 CLAUDIA VISSER  
 12119 LITTLE ROAD  
 HUDSON FL  
 34667

7000 2870 0000 7027 5968

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

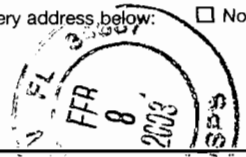
A. Received by (Please Print Clearly) B. Date of Delivery

*2-8-02*

C. Signature

*X Blake Visser*  Agent  
 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



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 •

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED





# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

(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.**

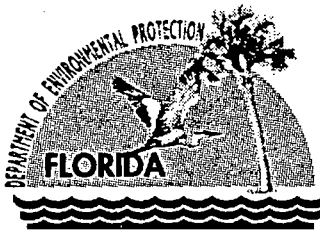
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

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

**AIRS ID# T0T0370  
AMERICAN CLASSIC  
CLEANERS  
12119 Little Road  
HUDSON, FLORIDA 34667**

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2006

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2006**. For your facility to maintain its eligibility for the Title V Air General permit, Rule 62-213.300(3)(b), F.A.C., states "...the owner or operator of the facility must upon written notice from the Department submit payment of an annual operation fee in the amount of \$50.00. This invoice constitutes the Department's written notice as required under the general permit rule.

Any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dickson Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SV/sb

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



POSTAGE  
REQUIRED

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



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**PERCHLOROETHYLENE**

**DRY CLEANER**

**COMPLIANCE CALENDAR**

**2007**

# REPORT SPILLS OF DRYCLEANING SOLVENTS

STATE LAW REQUIRES  
IMMEDIATE NOTIFICATION  
OF SPILLS OF MORE THAN 1 QUART TO THE  
STATE WARNING POINT

1-800-320-0519



Florida Drycleaning Coalition

**DEP's DRY CLEANER COMPLIANCE - Air, Waste, and Wastewater Contacts**  
*The Department of Environmental Protection's (DEP's) Air Divisions compliance requirements:*

**DEP Division of Air Resources Management:**

**Dry Cleaners that use PERC Contact:** Dickson Dibble at 850/921-9586.

Obtain notification information for the 5 year Title V general permit. A retroactive operation fee of \$50 is invoiced annually by the Air Division (i.e.) your 2007 invoice is for the 2006 operating year.

**DEP Division of Waste Management:**

**Federal E. P.A. I. D. #:** Michael Redig Hazardous Waste Section at 850/245-8707

As a dry cleaner, it is likely that you are a small quantity generator of hazardous waste. Call to obtain your required federal I.D. number.

**Dry cleaning Facility Registration:** Rick Vail at 850/245-8839, or Lida Schwetz at 850-245-8836

Dry cleaning facilities and wholesale supply facilities that use dry cleaning solvents are required to be registered with the Division of Waste Management. Regulated solvents include: perchloroethylene ("perc"), tetrachloroethylene, valcene, carbon tetrachloride, and other petroleum-based solvents. The Division issues invoices each November for an \$100 annual registration fee due from every facility that operated in the calendar year.

**Dry cleaning Solvent Cleanup Program:** Bill Burns at 850/245-8972

Dry cleaning facilities and wholesale supply facilities that reported dry cleaning solvent contamination to DEP no later than December 31, 1998, may be eligible for site rehabilitation assistance. Call for more information on this program and to see if your facility is eligible.

**Wastewater:**

***Septic tank recommendations:*** Local County Health Department

Separator water shall not be discharged into a septic system or onto the ground unless it is determined that the groundwater protection guidance concentration (maximum contaminant level) for perc of 0.003 (ppm) parts per million (3 micrograms/liter) is met. Most of the units currently available are not designed to meet this standard.

***Sewer recommendations:*** Local public/private utility

Separator water with concentrations of perc greater than 0.53 ppm (530 micrograms/liter) should not be discharged to sewer systems. All sewer discharges shall comply with the list of prohibited discharges found in Rule 62-825.400(2) (g), Florida Administrative Code. Most utilities have local discharge standards that regulate what can be discharged to collection systems. The utilities shall be notified and/or a permit must be obtained, prior to discharge, to ensure the wastewater will comply with any local requirements in lieu of meeting the discharge screening criteria of 0.53 ppm.



**INSTRUCTIONS FOR USE** -You may use this calendar to keep records for air program compliance. Keep these records at your facility for 5 years.

**JULY 2007 (e.g.)**

**PERC PURCHASES RUNNING TOTAL**

Total from last month		<b>55</b>
Subtract PERC purchased		<b>- 10</b>
<b>JULY 2006</b>		
SUBTOTAL		<b>45</b>
Purchase Date	Purchase Amount	12 Month Running Total
	<b>JULY 2007</b>	
<b>7/11/2007</b>	<b>+ 15</b>	<b>60</b>
	<b>+</b>	

Enter running total from last month.

Enter the amount of PERC you bought during this same month last year, from last year's records or calendar.

This is your 12 month running total if you do not buy PERC this month.

This is your 12 month running total if you bought PERC this month. Record the bottom number in this column on next month's form in line **TOTAL FROM LAST MONTH**.

Record the date you bought PERC this month, if any.

If you bought PERC this month, record the amount and add it to the subtotal. This amount will also go on next year's calendar for this same month under **SUBTRACT PERC PURCHASED**.

**DISCLAIMER:** *This calendar is for compliance assistance purposes only. It is not official rule language. Please refer to Chapter 62-213, of the Florida Administrative Code for complete and up-to-date rule language.*

**REMEMBER:** *New rule for perc dry cleaners requiring the use of a leak detector. For more information please refer to the code of Federal Regulations 40 CFR Part 63 Air Emissions Standards for Dry Cleaning Facilities. (7/27/2006)*

**CONDENSER TEMP. LOG :**

Check the outlet temperature of the refrigerated condenser every week. Record the temperature and date in the space provided. In the block marked "Is temp less than or equal to 45° F (7.2° C)?" Check "Y" or "N" for "yes" or "no". If you checked "N", the machine must be repaired.

**INSPECTIONS :**

If you buy **140 gallons or more** of PERC per year, you must check your machine weekly for leaks and record the results.

If you buy **less than 140 gallons** of PERC per year, you must conduct and record leak inspections at least every other week.

Record the results of the inspections on the calendar. If leaks are found, they must be repaired within 24 hours. Indicate in the "DATE REPAIRED" block when repairs are completed. If parts must be purchased, indicate the dates they are ordered and the date installed. Parts must be ordered within **2** working days of leak detection and installed within **5** working days of receipt.





JANUARY 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2° C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month		
Subtract PERC purchased		
<b>JANUARY 2006</b>		
SUBTOTAL		
Purchase Date	Purchase Amount	12 Month Running Total
	JANUARY 2007	
	+	
	+	

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
			DATE					
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MILK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# January 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	6
7	8	9	10	11	12 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	13
14	15	16	17	18	19 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	20
21	22	23	24	25	26 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	27
28	29	30	31			

### Tip of the Month

To reduce solid waste, consider providing hanger caddies for collection, return and reuse.



Have you changed your mister / separator filter according to the manufacturer's specifications?

Change of ownership? (please see details on the last page)

FEBRUARY 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2° C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>FEBRUARY 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	FEBRUARY 2007		
	+		
	+		

**REMINDER:**

**IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.**

INSPECTED	LEAKING?					DATE PARTS		DATE PARTS		DATE
						ORDERED	RECEIVED	REPAIRED		
HOSES	N	Y	N	Y	N	Y				
DOOR	N	Y	N	Y	N	Y				
PUMP	N	Y	N	Y	N	Y				
SOLVENT TANK	N	Y	N	Y	N	Y				
WATER SEPARATOR	N	Y	N	Y	N	Y				
MUCK COOKER	N	Y	N	Y	N	Y				
STILL	N	Y	N	Y	N	Y				
EXHAUST DAMPER	N	Y	N	Y	N	Y				
DIVERTER VALVE	N	Y	N	Y	N	Y				
FILTER GASKET	N	Y	N	Y	N	Y				
CARTRIDGE FILTER	N	Y	N	Y	N	Y				
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N		

# February 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	3
4	5	6	7	8	9 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	10
11	12	13	14	15	16 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	17
18	19	20	21	22 Annual Operating Fee (\$50) for 2006 is due March 1st, 2007	23 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	24
25	26	27	28			

## Tip of the Month

Reduce paper-work and paper waste by using electronic bookkeeping.



Have you changed your mister / separator filter according to the manufacturer's specifications?

MARCH 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2° C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>MARCH 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	MARCH 2007		
	+		
	+		

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERter VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# March 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Annual \$50 Operating Fee Due	2 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	3
4	5	6	7	8	9 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	10
11	12	13	14	15	16 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	17
18	19	20	21	22	23 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	24
25	26	27	28	29	30 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	31

## Tip of the Month

Collect and recycle polyethylene bags.



Have you changed your mister / separator filter according to the manufacturer's specifications?

APRIL 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2° C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>APRIL 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12-Month Running Total	
	APRIL 2007		
	+		
	+		

**REMINDER:**

**IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.**

INSPECTED	LEAKING?					DATE PARTS		DATE PARTS		DATE
						ORDERED	RECEIVED	REPAIRED		
HOSES	N	Y	N	Y	N	Y				
DOOR	N	Y	N	Y	N	Y				
PUMP	N	Y	N	Y	N	Y				
SOLVENT TANK	N	Y	N	Y	N	Y				
WATER SEPARATOR	N	Y	N	Y	N	Y				
MUCK COOKER	N	Y	N	Y	N	Y				
STILL	N	Y	N	Y	N	Y				
EXHAUST DAMPER	N	Y	N	Y	N	Y				
DIVERTER VALVE	N	Y	N	Y	N	Y				
FILTER GASKET	N	Y	N	Y	N	Y				
CARTRIDGE FILTER	N	Y	N	Y	N	Y				
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N		

# April 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	7
8	9	10	11	12	13 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	14
15	16	17	18	19	20 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	21
22	23	24	25	26	27 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	28
29	30					

## Tip of the Month:

Collect cardboard, cans and other recyclables at your facility.



Have you changed your mister / separator filter according to the manufacturer's specifications?





MAY 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month		
Subtract PERC purchased		
<b>MAY 2006</b>		
SUBTOTAL		
Purchase Date	Purchase Amount	12-Month Running Total
	MAY 2007	
	+	
	+	

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
			DATE					
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# May 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	5
6	7	8	9	10	11 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	12
13	14	15	16	17	18 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	19
20	21	22	23	24	25 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	26
27	28	29	30	31		

## Tip of the Month:

Regularly replace gaskets/seals on dryer dampers, deodorizers and aeration valves.



Have you changed your mister / separator filter according to the manufacturer's specifications?



JUNE 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month		
Subtract PERC purchased		
<b>JUNE 2006</b>		
SUBTOTAL		
Purchase Date	Purchase Amount	12 Month Running Total
	JUNE 2007	
	+	
	+	

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED		DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N	Y	N	Y	N	Y			
DOOR	N	Y	N	Y	N	Y			
PUMP	N	Y	N	Y	N	Y			
SOLVENT TANK	N	Y	N	Y	N	Y			
WATER SEPARATOR	N	Y	N	Y	N	Y			
MUCK COOKER	N	Y	N	Y	N	Y			
STILL	N	Y	N	Y	N	Y			
EXHAUST DAMPER	N	Y	N	Y	N	Y			
DIVERTER VALVE	N	Y	N	Y	N	Y			
FILTER GASKET	N	Y	N	Y	N	Y			
CARTRIDGE FILTER	N	Y	N	Y	N	Y			
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N	

# June 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	2
3	4	5	6	7	8 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	9
10	11	12	13	14	15 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	16
17	18	19	20	21	22 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	23
24	25	26	27	28	29 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	30

## Tip of the Month:

Replace faulty or worn gaskets on button trap and around cleaning machine door.



Have you changed your mister / separator filter according to the manufacturer's specifications?



JULY 2007

**CONDENSER TEMPERATURE LOG**

**PERC PURCHASES RUNNING TOTAL**

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month		
Subtract PERC purchased		
<b>JULY 2006</b>		
SUBTOTAL		
Purchase Date	Purchase Amount	12 Month Running Total
	JULY 2007	
	+	
	+	

**REMINDER:**

**IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.**

INSPECTED	LEAKING?					DATE PARTS ORDERED		DATE PARTS RECEIVED	DATE REPAIRED
			DATE						
HOSES	N	Y	N	Y	N	Y			
DOOR	N	Y	N	Y	N	Y			
PUMP	N	Y	N	Y	N	Y			
SOLVENT TANK	N	Y	N	Y	N	Y			
WATER SEPARATOR	N	Y	N	Y	N	Y			
MUCK COOKER	N	Y	N	Y	N	Y			
STILL	N	Y	N	Y	N	Y			
EXHAUST DAMPER	N	Y	N	Y	N	Y			
DIVERTER VALVE	N	Y	N	Y	N	Y			
FILTER GASKET	N	Y	N	Y	N	Y			
CARTRIDGE FILTER	N	Y	N	Y	N	Y			
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELLED Y N	DATED Y N	

# July 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	7
8	9	10	11	12	13 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	14
15	16	17	18	19	20 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	21
22	23	24	25	26	27 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	28
29	30	31				

## Tip of the Month:

After a filter change, check gaskets and sealing of new filter.



Have you changed your mister / separator filter according to the manufacturer's specifications?



AUGUST 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
AUGUST 2006			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	AUGUST 2007		
	+		
	+		

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
			DATE					
HOSSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABELED Y N	DATED Y N	

# August 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	4
5	6	7	8	9	10 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	11
12	13	14	15	16	17 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	18
19	20	21	22	23	24 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	25
26	27	28	29	30	31 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	

## Tip of the Month:

**Monitor equipment efficiency**

(e.g., pounds of clothes cleaned per drum of solvent).



Have you changed your mister / separator filter according to the manufacturer's specifications?





SEPTEMBER 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>SEPTEMBER 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	SEPTEMBER 2007		
	+		
	+		

**REMINDER:**

**IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
			DATE					
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# September 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	8
9	10	11	12	13	14 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	15
16	17	18	19	20	21 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	22
23	24	25	26	27	28 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	29
30						

## Tip of the Month

### Size loads

(neither over nor under-loading)

to maximize solvent efficiency.



Have you changed your mister / separator filter according to the manufacturer's specifications?



OCTOBER 2007

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month		
Subtract PERC purchased		
<b>OCTOBER 2006</b>		
SUBTOTAL		
Purchase Date	Purchase Amount	12 Month Running Total
	+	
	+	

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# October 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	6
7	8	9	10	11	12 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	13
14	15	16	17	18	19 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	20
21	22	23	24	25	26 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	27
28	29	30	31			

## Tip of the Month:

Clean lint screens regularly to avoid clogging fans and condensers.



Have you changed your mister / separator filter according to the manufacturer's specifications?



CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45°F (7.2°C)?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>NOVEMBER 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	NOVEMBER 2007		
	+		
	+		

**REMINDER:**

IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

INSPECTED	LEAKING?					DATE PARTS ORDERED		DATE PARTS RECEIVED	DATE REPAIRED
			DATE						
HOSES	N	Y	N	Y	N	Y	N	Y	
DOOR	N	Y	N	Y	N	Y	N	Y	
PUMP	N	Y	N	Y	N	Y	N	Y	
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y	
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y	
MUCK COOKER	N	Y	N	Y	N	Y	N	Y	
STILL	N	Y	N	Y	N	Y	N	Y	
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y	
DIVERTER VALVE	N	Y	N	Y	N	Y	N	Y	
FILTER GASKET	N	Y	N	Y	N	Y	N	Y	
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y	
WASTE CONTAINERS	N	Y	N	Y	N	Y	N	Y	LABELED Y N DATED Y N

# November 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
					Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	
4	5	6	7	8	9	10
					Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	
11	12	13	14	15	16	17
					Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	
18	19	20	21	22	23	24
					Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	
25	26	27	28	29	30	
					Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	

## Tip of the Month:

Open button traps and lint gaskets only long enough to clean.



Have you changed your mister / separator filter according to the manufacturer's specifications?

CONDENSER TEMPERATURE LOG

PERC PURCHASES RUNNING TOTAL

Date	Temperature	Is Temp less than or equal to 45° F (7.2° C) ?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Total from last month			
Subtract PERC purchased			-
<b>DECEMBER 2006</b>			
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	DECEMBER 2007		
	+		
	+		

**REMINDER:**

**IF 12-MONTH RUNNING TOTAL EXCEEDS 140 GALLONS FOR DRY-TO-DRY MACHINES, OR 200 GALLONS FOR TRANSFER ONLY MACHINES, AND RESULTS IN A CHANGE OF STATUS, YOU MUST NOTIFY THE DISTRICT OR LOCAL PROGRAM AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERter VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N

# December 2007

Use your halogen leak detector monthly to detect Perchloroethylene (PERC) leaks and maintain records.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	8
9	10	11	12	13	14 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	15
16	17	18	19	20	21 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	22
23	24	25	26	27	28 Temp Logged <input type="checkbox"/> Inspect Logged <input type="checkbox"/>	29
30	31					

## Tip of the Month:

Install energy efficient fluorescent lighting such as T8, T10 fixtures and bulbs, and electronic ballasts or metal halide and/or sodium vapor lamps. Recycle old lamps containing mercury.



Have you changed your mister / separator filter according to the manufacturer's specifications?



## Dry Cleaner: District and County (Local) Program Air Contacts

Contact Person	Office	Location	Telephone #
Charles Norman	Northwest District	Pensacola	850/595-8364
Tracy White	Northwest District Branch	Tallahassee	850/488-3704
Yasmin Enriquez Rick Banks	Northeast District	Jacksonville	904/807-3300
Neal Janis	Southwest District	Tampa	813/632-7600
Michael Young Caroline Shine	Central District	Orlando	407/893-3333 407/893-3336
Darrel Graziani	Southeast District	West Palm Beach	561/681-6659
Robert Stewart Wayne Lewis Edward Russell	South District South District Branch	Fort Myers Marathon	239/332-6975x160 305/289-2310x129
Ray Gordon	Miami-Dade County	Miami	305/372-6925x6944
Clifton Bittle Elizabeth Susky Art Pennetta	Broward County	Fort Lauderdale	954/519-1208 954/519-1430 954/519-1428
Wayne Tutt	Duval County	Jacksonville	904/630-1212x3163
Lynn Robinson Mohammed Nozari	Hillsborough County	Tampa	813/627-2600x1281 813/627-2600x1265
A.J. Satyal Jeff Dizek	Palm Beach County	West Palm Beach	561/355-3070x1144 561/355-3070x1145
Gary Robbins Jeff Morris, Margaret Hennis	Pinellas County	Clearwater	727/464-4422
Ilka Bundy John Parker, Tom Bessa	Orange County	Orlando	407/836-1476 407/836-1445
Susan Cameron	Sarasota County	Sarasota	941/861-6237

Please request additional calendars by contacting the Florida Small Business Environmental Assistance Program (SBEAP) toll free at:

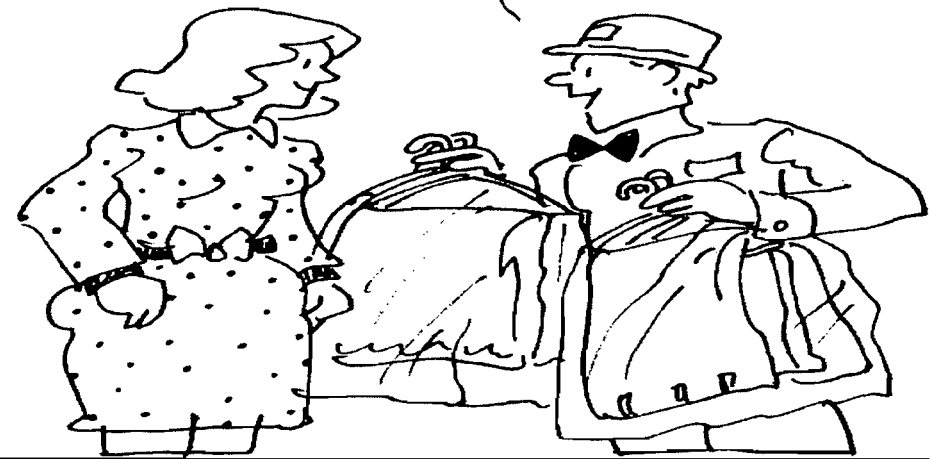
1-800-722-7457

Or by email @

[stephen.mckeough@dep.state.fl.us](mailto:stephen.mckeough@dep.state.fl.us)



I have two dry cleaning machines but only one compliance calendar. I know, I'll call SBEAP!



We provide calendars in both English and Spanish free of charge.

## ATTENTION:

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a registration form and/or have any questions, please contact **Dickson Dibble at 850/921-9586**.

It is the **seller's responsibility** to notify the Florida DEP, Division of Air Resource Management of the pending change in ownership. Likewise, it is the **responsibility of the new owner/company** to submit a new PERC dry cleaner registration form no later than 30 days prior to the sale. All Title V correspondence and Registration forms should be mailed to the following address:

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

MS 5510 MC Acct# 5527

BEST AVAILABLE COPY

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

R22  
ME  
Date 12-9

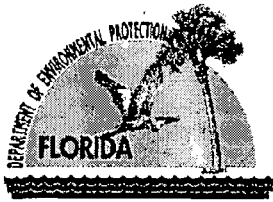
No Return to Addressee  
 Insufficient Address  
 Incorrect Post Office  
 Invalid Post Office  
 No Such Person or Business  
 Vacant or Inhabited  
 No Mail Forwarding  
 Closed - No Order  
 No Post Office  
 No Mail Delivery  
 No Mail

POF

AIRS ID# 1010370  
 AMERICAN CLASSIC  
 CLEANERS  
 12119 Little Road  
 HUDSON, FLORIDA

DEC 13 2006  
Bureau of Air Quality  
& Mobile Sources

CALLED RD-Craig Visser - 1/3/2007  
 At his request, the operator  
 stated his # is now unpublished.  
 1/3/2007 - Spoke to Wendy Simons  
 Note: store is now a drop store.  
 Neal Jenis confirmed on 9/14/2004  
 facility was vacant & left no forwarding address.



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

**(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.**

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 1010370 10  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FL 34667

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2004

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

# **ATTENTION:**

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE  
REQUIRED

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

MS 5510 MC Acct# 5521

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

BEST AVAILABLE COPY

RECEIVED

DEC 16 2004  
Bureau of Air Monitoring  
& Mobile Sources

# 1010370

AMER119 346672037 1204 24 12/12/04  
RETURN TO SENDER  
: AMERICAN CLASSIC LAUNDRY  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER





# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blairstone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary - Designee

February 1, 2007

## SECOND NOTICE OF ANNUAL OPERATION FEE

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for the calendar year **2006**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/SV

Enclosure: Invoice Form



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

(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.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#1010370  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FLORIDA 34667

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

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



POSTAGE  
REQUIRED

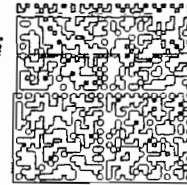
TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

MS# MS# 5510 MC Acct # 5527

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

RTS - UNABLE TO FORWARD

*NFA*  
*Disconnected #*  
*C Bradley*



Hester

01SH16501646

\$00.390

02/02/2007

Mailed From 32399

US POSTAGE

RECEIVED  
FEB 13 2007  
Bureau of Air Monitoring  
& Mobile Sources  
*UTK*

AIRS ID#1010370  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FLORIDA 34667

*NEA ASST*  
*vacant*

727/868-9155  
Claudia Visser

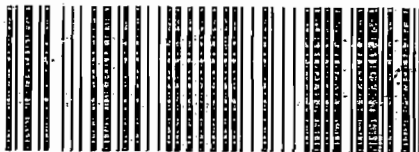
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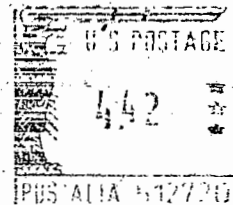
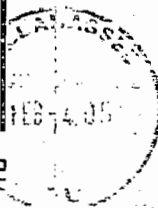
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5599

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



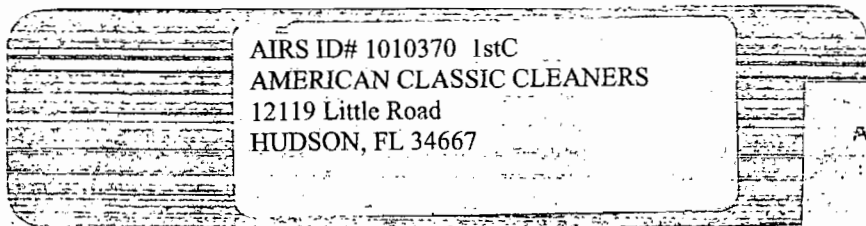
7004 2510 0002 3939 4452



**RECEIVED**

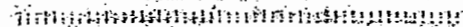
**FEB 14 2005**

Bureau of Air Monitoring  
& Mobile Sources



AMER119 346673138 1204 49 02/09/05  
RETURN TO SENDER  
AMERICAN CLASSIC LAUNDRY  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

34667-2004-22



111743836 22

**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:

SAIRS ID# 1010370 1stC  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- 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.

Delivery? (Extra Fee)  Yes

7004 2510 0002 3939 4452

2. Article Number  
 (Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**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 Post		SAIRS ID# 1010370 1stC
Sent To		AMERICAN CLASSIC CLEANERS
Street, Apt. or PO Box		12119 Little Road
City, State		HUDSON, FL 34667

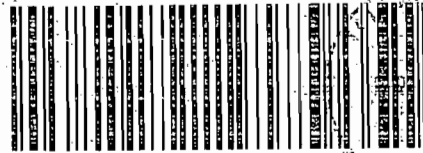
PS Form 3800, June 2002 See Reverse for Instructions

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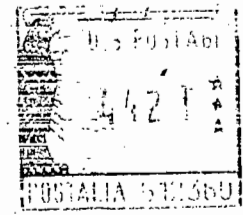
MS# 5510 MC Acct # 5521

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

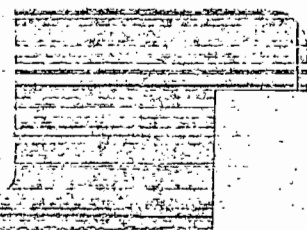
**CERTIFIED MAIL**



7004 2510 0002 3939 7965



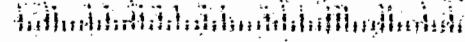
AIRS ID#1.01037c+006.....2nd Cert 05  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FL 34667



RECEIVED  
MAR 11 2005  
U.S. AIR MAIL  
Mobile Source

AMERICAN CLASSIC CLEANERS  
RETURN TO SENDER  
AMERICAN CLASSIC LAUNDRY  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

34667+32399-2400



**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:  
 1010370

AIRS ID# 1.01037e+006.....2<sup>nd</sup> Cert 05  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 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.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from Service label) 7004 2510 0002 3939 7965

7004 2510 0002 3939 7965

**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 Postage & Fees	\$	

Sent To AIRS ID# 1.01037e+006.....2<sup>nd</sup> Cert 05  
 AMERICAN CLASSIC CLEANERS  
 Street, Apt. No., or PO Box No. 12119 Little Road  
 HUDSON, FL 34667  
 City, State, ZIP+4 1010370-002



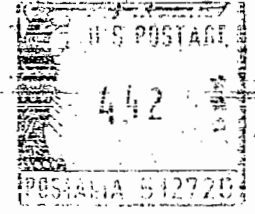
MS# 5510 MC Acct# 5521

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

**CERTIFIED MAIL**



Rs. 004 2510 0004 6986 6873



- Not Deliverable - No Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted - Not Known
- No Such Street  Number
- Mailed  Mailable
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due

RECEIVED

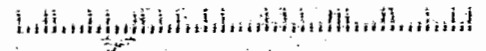
APR 14 2005

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID# 1010370 3<sup>rd</sup> Cert04  
AMERICAN CLASSIC CLEANERS  
12119 Little Road  
HUDSON, FL 34667

AMER119 346673009 1204 45 04/14/05  
RETURN TO SENDER  
AMERICAN CLASSIC LAUNDRY  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

34667+2924 22



**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# 1010370 3<sup>rd</sup> Cert04  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 6873

PS Form 3834 August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature \_\_\_\_\_  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.

4. Restricted Delivery? (Extra Fee)  Yes

**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)			

AIRS ID# 1010370 3<sup>rd</sup> Cert04  
 AMERICAN CLASSIC CLEANERS  
 12119 Little Road  
 HUDSON, FL 34667

PS Form 3800 June 2002 See Reverse for Instructions

7004 2510 0004 6986 6873