



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

October 6, 1999

Mr. Vanden Bosch  
Same Day Cleaners  
5626 Cypress Gardens Boulevard  
Winter Haven, Florida 33884

Re: Facility No.: 1050279-002

Dear Mr. Bosch:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 2, 1999.


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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

1050279-002

p14

- (a) Add date of machine initial purchase.  
Circle one status New or Existing.  
Circle one control device requirement.

p15

4. Existing machines at large area source  
Ref. Condenser should not be marked.
5. All... units exempt should be marked.  
No units on-site should not be marked.
- (e) Required. Should be marked.

p16

R.O. sign and date for changes

9/17/99

Spoke to William Batson and he stated  
that the dry to dry machine has a man.  
date of 1991. The machine also has a  
builtin Refrigerated Condenser.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP - 2 1999  
Bureau of Air, Soil  
& Mobile Sources  
Monitoring

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):	JANG'S ENTERPRISES, INC		
2. Site Name (For example, plant name or number):	SAME DAY CLEANERS.		
3. Hazardous Waste Generator Identification Number:	FLD 984-219-824		
4. Facility Location:	Street Address: 5626 CYPRESS GARDENS BLVD City: WINTER HAVEN County: POLK Zip Code: FL 33884		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1050249-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: VANDEN BOSCH Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: JANG'S ENTERPRISES, INC Street Address: 5626 CYPRESS GARDENS BLVD City: WINTER HAVEN County: POLK Zip Code: FL 33884		
8. Responsible Official Telephone Number:	Telephone: (941) 324-7299 Fax: ( ) -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	WILLIAM BATSON		
10. Facility Contact Address:	Street Address: 5626 CYPRESS GARDENS BLVD City: WINTER HAVEN County: POLK Zip Code: FL 33884		
11. Facility Contact Telephone Number:	Telephone: (941) 324-7299 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")
_____	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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?

140 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 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 \_\_\_\_\_)

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SEP - 2 1999  
Bureau of Air Monitoring  
& Mobile Sources

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site: (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (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.*

NUCHANATH VANDENBOSCH  
Print name of responsible official

Nuchanath Van der Bosch  
Signature

8/30/99  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391250

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 # 1050279

SAME DAY CLEANERS  
 NUCHANATH VANDENBOSCH  
 5626 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL 33884

Bureau of Air Monitoring  
& Mobile Sources

JAN 21 2000

RECEIVED

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN 19 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399886

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 # 1050279

SAME DAY CLEANERS  
 NUCHANATH VANDENBOSCH  
 5626 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL 33884

Bureau of Air Monitoring  
& Mobile Sources

DEC 14 2000

RECEIVED

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

12/14/00  
*[Signature]*

RECEIVED  
MAIL ROOM  
DEC 14 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

412504 JAN 2 2002 X

Do **NOT** Remove Label

AIRS ID # 1050279  
 SAME DAY CLEANERS  
 NUCHANATH VANDENBOSCH  
 5626 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL  
 33884

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

423328 FEB 21 2003

RECEIVED  
 FEB 28 2003  
 Bureau of Air Mail  
 & Mobile Security

Do **NOT** Remove Label

AIRS ID#1050279  
 SAME DAY CLEANERS  
 NUCHANATH VANDENBOSCH  
 5626 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL  
 33884

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435846 JAN30 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

1050279  
NUCHANATH VANDENBOSCH  
SAME DAY CLEANERS  
5626 CYPRESS GARDENS BLVD  
WINTER HAVEN FL 33884

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

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FEB 3 2004  
Bureau of Air & Mobile Equipment

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

OFFICIAL USE

7001 0320 0001 7975 7193

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID#1050279		
Se SAME DAY CLEANERS NUCHANATH VANDENBOSCH St 5626 CYPRESS GARDENS BLVD or WINTER HAVEN FL Ci 33884		
PS Instructions		

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID#1050279

SAME DAY CLEANERS  
 NUCHANATH VANDENBOSCH  
 5626 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL  
 33884

2 Article Number  
 (Transfer from service label)

7001 0320 0001 7975 7193

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Tia Rodeseck*

B. Received by (Printed Name) *Tia Rodeseck*

C. Date of Delivery *2/7/03*

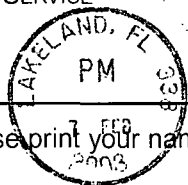
D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-16

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

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 45510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

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7003 0500 0004 0144 9942

**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	\$	<i>Room 10104</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	IRS ID# 01050279 SAME DAY CLEANERS	
Sent To	JUCHANATHVANDENBOSCH	
Street, or PO B	626 CYPRESS GARDENS BLVD	
City, St	WINTER HAVEN, FL 33884	

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:

IRS ID# 01050279  
 SAME DAY CLEANERS  
 JUCHANATHVANDENBOSCH  
 626 CYPRESS GARDENS BLVD  
 WINTER HAVEN, FL 33884

2 Article Number  
 (Transfer from service label)

7003 0500 0004 0144 9942

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Glenda Browning*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Glenda Browning* *9-18-04*

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

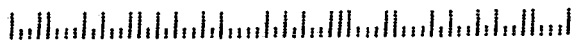


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

RECEIVED  
SEP 2 2 2001  
BIRMINGHAM AIR MONITORING  
Sources

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



Fold at line over top of envelope to  
the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Select one or more of the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 1050279C001  
JAY T HIGHAM  
SAME DAY CLEANERS  
4961 BACOPA LANE S UNIT #603  
ST PETERSBURG FL 33715-2641

4a. Article Number

P174052587

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

6-26

5. Received By: (Print Name)

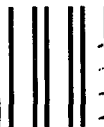
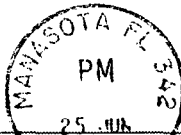
6. Signature: (Addressee or Agent)

X Martha Heglam

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

BUR OF AIR MONITORING & MOBILE SOURCES  
DEPT OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

JUN 27 2000

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32399-2400

