

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 20, 2004

Mr. David M. Foley, Sr.
Foley's Dry Cleaning
225 South Dixie Highway
New Smyrna Beach, Florida 32168

Re: Facility No.: 1270147-002

Dear Mr. Foley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 20, 2004.

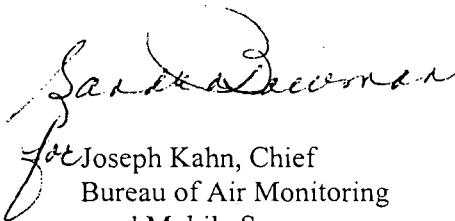
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES *198-2002*.....
SOC REPORTS.....*5*.....
COMPLIANCE STATUS *S.N.C.*.....

6. (e) Startup, shutdown, malfunction plan is required for all sources. Should be marked.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 20 2004

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Mouette Inc, PBA Foley's Dry Cleaning		
2. Site Name (For example, plant name or number):	Foley's Dry Cleaning Store # 3		
3. Hazardous Waste Generator Identification Number:	FL 0032589723		
4. Facility Location:	225 So Dixie Hwy		
Street Address:	New Smyrna Bch County: Volusia Zip Code: 32068		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1270147-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: David M. Foley Sr Title: President		
7. Responsible Official Mailing Address:	Organization/Firm: Foley's Dry Cleaning		
Street Address:	225 So Dixie Hwy		
City:	New Smyrna Bch County: Volusia Zip Code: 32168		
8. Responsible Official Telephone Number:	Telephone: (386) 428-2271 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7-10-03 10-7-03	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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".)

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

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 50

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:

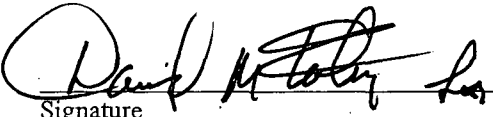
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

David M. Foley Sr
Print name of responsible official


Signature

1/1/04
Date

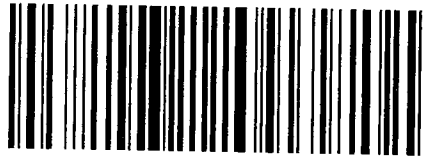


DRY CLEANING

1910 State Road 44
New Smyrna Beach, FL 32168

OF THE RETURN ADDRESS FOLD AT DOTTED LINE

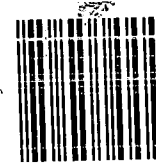
CERTIFIED MAIL™



7003 2260 0000 6255 6804



0000



32399

U.S. POSTAGE
PAID
NEW SMYRNA BEACH, FL
32168
JAN 15, 04
AMOUNT

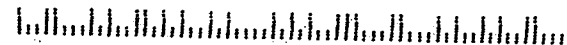
\$4.42

90063745-02

RETURN RECEIPT
REQUESTED

General Permits Section
Bureau of Air Monitoring + Mobile Sources, A55510
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

32399+2400 01



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.

468960 FEB122007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1270147
MOUETTE INC
225 S Dixie Freeway
NEW SYMRNA, FLORIDA 32168

Printed on recycled paper.

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

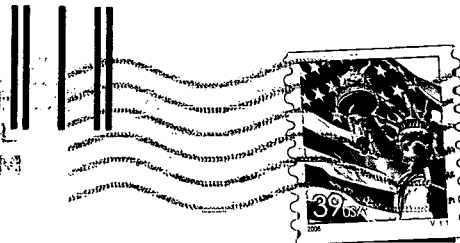
Bureau of Air Monitoring
& Mobile Sources

FEB 14 2007

RECEIVED

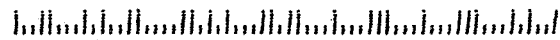
1910 SF R644
N-S-B, A
32168

DAYTONA BEACH
FL 321 1 L
09 FEB 2007 PM



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

32315+3070 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459072 FEB21 2006

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# 1270147 1st
FOLEY'S DRY CLEANING
225 S Dixie Freeway
NEW SYMRNA, FL 32168

Mobile Sources
Air Monitoring

FEB 22 2006

RECEIVED

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

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

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OFFICIAL USE

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

Sent To AIRS ID#1.27015e+006.....2nd Cert 05
FOLEY'S DRY CLEANING

Street, Apt. No. or PO Box No. 225 S Dixie Freeway
City, State, Zip NEW SYMRNA, FL 32168

PS Form 3800

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#1.27015e+006.....2nd Cert 05
FOLEY'S DRY CLEANING
225 S Dixie Freeway
NEW SYMRNA, FL 32168

1270147

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 5015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ketur Shuman*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/4/05

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

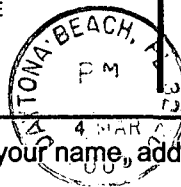
Insured Mail

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
& Mobile Source

MAR 7 2005

RECEIVED



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OFFICIAL USE

7004 2510 0002 3938 6426

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

Postmark
Here

AIRS ID# 1270147 1stC
 Sent To FOLEY'S DRY CLEANING
 Street, Apt. or PO Box 225 S Dixie Freeway
 City, State NEW SYMRNA, FL 32168

PS Form 3811

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# 1270147 1stC
 FOLEY'S DRY CLEANING
 225 S Dixie Freeway
 NEW SYMRNA, FL 32168

2. Article Number
 (Transfer from service label)

7004 2510 0002 3938 6426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kate Sleson* Agent
 Addressee

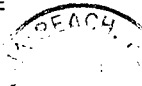
B. Received by (Printed Name) C. Date of Delivery
 2/9/05

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 •

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
M.J.L. STATION 8810
2600 BLANKENHORN ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

FEB 16 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445274 FEB 4 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1270147 10
FOLEY'S DRY CLEANING
225 S Dixie Freeway
NEW SYMRNA, FL 32168

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

Bureau of Internal Revenue
FEB 10 2005
RECEIVED

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436138 FEB 92004

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

1270147
DAVID FOLEY
FOLEY'S DRY CLEANING
1910 SR 44
NEW SYMRNA BEACH FL 32168

~~FOR GOVERNMENT USE ONLY~~
Org.: 37550101000 EO: A11
Fund: 20-2-035001
Obj.: 002273

RECEIVED
FEB 13 2004
Bureau of Air Monitoring