



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 14, 2003

Mr. Hans W. Gersabeck
Comec Dry Cleaners
1437D South Ridgewood Avenue
Daytona Beach, Florida 32114

Re: Facility No.: 1270149-002

Dear Mr. Gersabeck:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 10, 2003.

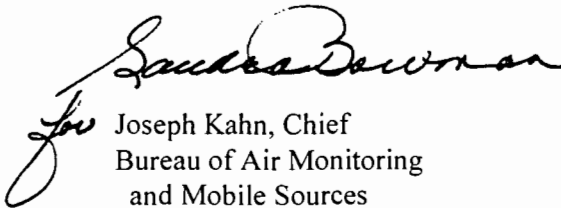
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

General Permits Section - Bureau of Air Mail - Dept. of Env. Prot.
(Please Print Clearly)
2600 Blair Stone Road
Tallahassee, FL 32399-2400

DELIVERY CONFIRMATION NUMBER:
9424 4241 6203 1000 0462 20E0



POSTAL CUSTOMER:

Keep this receipt. For Inquiries:
Access internet web site at
www.usps.com®
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

- Priority Mail™ Service
- First-Class Mail® parcel
- Package Services parcel

PS Form 152, May 2002

(See Reverse)

RECEIVED

JUN 30 2003

Bureau of Air Monitoring
& Mobile Sources

to whom it may concern:
Dear Madam, Dear Sir,
The enclosed information
was already sent to you by
02/07/03! -see delivery confirmation!

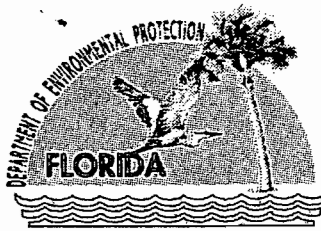
Your answer was dated: March 14, 2003
-see copy! -attached!

Sincerely

Hans-W. Gersubeck
- President -

COMEC DRY CLEANERS
SUBSIDIARY OF ROBIN INTERNATIONAL, INC.
1437D S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
TEL / FAX: (904) 258-6829

6/18/03



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
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David B. Struhs
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March 14, 2003

Mr. Hans W. Gersabeck
Comec Dry Cleaners
1437D South Ridgewood Avenue
Daytona Beach, Florida 32114

Re: Facility No.: 1270149-002

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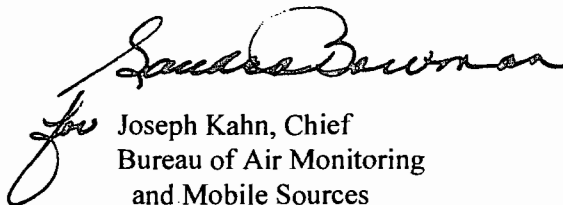
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Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
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Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

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.

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")
1995	Existing	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening)

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

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 Transfer only on-site (used less than 200 gallons of perc per year)
 Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source
 (NONE REQUIRED)

New machines at small area source
 Refrigerated condenser

Existing machines at large area source
 Carbon adsorber
 Refrigerated condenser

New machines at large area source
 Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

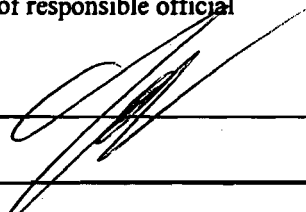
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Hans W. Gersbeck
Print name of responsible official


Signature

6/18/13
Date

COMEC DRY CLEANERS
SUBSIDIARY OF ROBIN INTERNATIONAL, INC.
1437D S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
TEL / FAX: (904) 258-6829
386

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Grant, Patricia

From: Bowman, Sandy

Sent: Tuesday, March 28, 2006 10:49 AM

To: Grant, Patricia

Cc: Thomas, Bruce X.

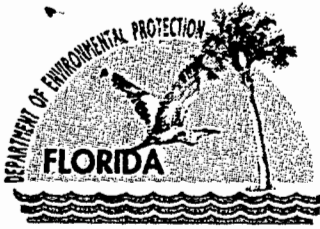
Pat,

Please inactivate the latest project for AIRS ID #1270149.

Thank you.

Sandy

3/30/2006



Jeb Bush
Governor

Department of Environmental Protection

FD # 1270149

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

Colleen M. Castille
Secretary

March 8, 2006

THIRD NOTICE OF ANNUAL EMISSIONS FEE

TO: User of Title V Air General Permits

Records in the Division of Air Resource Management indicate that during calendar year **2005** you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this 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 emissions fee as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

Your annual emissions fee is \$50 for calendar year **2005**. A notice of your obligation to pay the annual emissions fee was sent to you by U.S. mail, along with an invoice form and instructions.

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 emissions fee not paid by **March 1, 2006**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit. We have not received your air emissions fee payment. Therefore, you are being assessed a 50% penalty plus the invoice amount.

To submit your **\$75** 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,

3/18/06

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources
DAYTONA BEACH, FL 32117
TELEPHONE: (904) 258-6829
FAX: (904) 258-6829

COMEC...
SUBSIDIARY OF ROBIN...
S. RIDGEWOOD...
DAYTONA BEACH, FL 32117

*! Business has been
sold on 03/2006!
To Mr. Rivara!*

/JK

Enclosure: Invoice Form

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 10 2003
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 and 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):	Robin International, Inc.	
2. Site Name (For example, plant name or number):	COMEC DRY CLEANERS SUBSIDIARY OF ROBIN INTERNATIONAL, INC. 1437D S. RIDGEWOOD AVENUE	
3. Hazardous Waste Generator Identification Number:	DAYTONA BEACH, FL 32114 TEL / FAX: (904) 258-6829 386	
4. Facility Location:	Street Address: 1437 D S. Ridgewood Fve. City: Daytona Beach County: Volusia Zip Code: 32114	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1270149-002	

Responsible Official

6. Name and Title of Responsible Official:	Name: Hans-W. Gersabek Title: President	
7. Responsible Official Mailing Address:	1437 D S. Ridgewood Fve. Organization/Firm: Street Address: City: Daytona Beach County: Volusia Zip Code: 32114	
8. Responsible Official Telephone Number:	Telephone: (386) 258-6829 Fax: (386) 304-9679	

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")
1995	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

- Existing machines at small area source
(NONE REQUIRED)
- New machines at small area source
Refrigerated condenser
- Existing machines at large area source
Carbon adsorber
Refrigerated condenser
- New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Hans-W. Gersabek
Print name of responsible official


Signature

2/4/3
Date

COMBUSTION CLEANERS
SUBSIDIARY OF ROBIN INTERNATIONAL, INC.
1437D S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
TEL / FAX: (904) 258-6829
386

Instructions for Completing Part III of Notification Form

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The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 28, 2003

RECEIVED
FEB 10 2003
Bureau of Air Monitoring
& Mobile Sources

Mr. Hans W. Gersabeck
Comec Dry Cleaners
1437D South Ridgewood Avenue
Daytona Beach, Florida 32114

Dear Mr. Gersabeck:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Notification form received by the department on January 27.

I am returning your submittal to you. The form you completed and submitted to the department is no longer valid. For your convenience, I am forwarding to you a copy of the effective Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete and submit this form.

If you have any questions concerning the form or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosure

cc: Rodell Rice, Central District

Response: 2/4/3
COMEC DRY CLEANERS
SUBSIDIARY OF ROBIN INTERNATIONAL, INC.
1437D S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
TEL / FAX (904) 258-6829

"More Protection, Less Process"



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 28, 2003

RECEIVED
FEB 10 2003
Bureau of Air Monitoring
& Mobile Sources

Mr. Hans W. Gersabeck
Comec Dry Cleaners
1437D South Ridgewood Avenue
Daytona Beach, Florida 32114

Dear Mr. Gersabeck:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Notification form received by the department on January 27.

I am returning your submittal to you. The form you completed and submitted to the department is no longer valid. For your convenience, I am forwarding to you a copy of the effective Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete and submit this form.

If you have any questions concerning the form or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosure

cc: Rodell Rice, Central District

Response: 2/4/03
COME C DRY CLEANERS
SUBSIDIARY OF ROBIN INDUSTRIES
1437D S. RIDGEWOOD AVENUE
DAYTONA BEACH, FLORIDA 32114
TEL/FAX (904) 251-8800

"More Protection, Less Process"

Page 15

1. (a) New should be circled under Status for a 1995 dry-to-dry machine.
RC should be circled under Control Device Required for a 1995 dry-to-dry machine.
Add Date Control Device Installed for 1995 dry-to-dry machine.

Page 16

4. New Machines at small area source Refrigerated Condenser should be marked.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

441629 OCT 7 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

<p>COMEC CLEANERS RONALD LAVELLE 2711 TURNBILLE ESTATE DR NEW SMYRNA BEACH FL 32168</p>	<p>AIRS ID # 1270149 <i>Comec</i> <i>Hans-W. Gerjabek</i> <i>1437 D S. Ridgeway Ave</i> <i>Daytona Beach, FL 32114</i></p>
---	--

<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 EO 12958 Fund: 20-2-035001 Obj.: 002273</p>

Bureau of Air Monitoring & Mobile Sources
 OCT 1 2004

RECEIVED

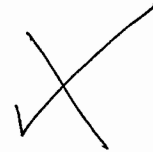


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434635

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

1270149
HANS GERSABECK
COMEC CLEANERS
1437-D S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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

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.

*See attached note.
Thank you [Signature]*

TOTAL AMOUNT DUE: \$75.00

460197 MAR24 2006

Do **NOT** Remove Label

AIRS ID# 1270149
COMEC CLEANERS
1437 D S. Ridgewood Ave
DAYTONA BEACH, FL 32114

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446267 FEB 14 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# 1270149 10
COMEC CLEANERS
1437 D S. Ridgewood Ave
DAYTONA BEACH, FL 32114

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

Printed on recycled paper.

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FEB 16 2005
Bu. of Air Monitoring
& Mobile Sources

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

7099 3400 0000 1453 3297

Article Sent To:

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

Receipt
 03
 (Postmark Here)

Total Postage & 10 AIRS ID # 1270149001AG
 Name (Please Print) RONALD LAVALLEE
 Street, Apt. No., or PO Box No. ROBIN INTERNATIONAL INC
 2711 TURNBILL ESTATE DR
 City, State, ZIP+4 NEW SMYRNA BEACH FL 32168

PS Form 3800, July 1999

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:

10 AIRS ID # 1270149001AG
 RONALD LAVALLEE
 ROBIN INTERNATIONAL INC
 2711 TURNBILL ESTATE DR
 NEW SMYRNA BEACH FL 32168

7099 3400 0000 1453 3297

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

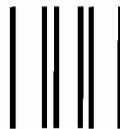
- A. Signature *Ronald Lavallee* Agent
 Addressee
- B. Received by (Printed Name) *RONALD LAVALLEE* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below No



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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



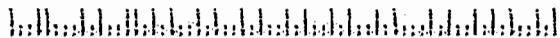
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 5510
2300 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
JUN 12 2003
Bureau of Air Monitoring
Mobile Sources

32399/9999



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID# 1270149 1stC
 COMEC CLEANERS
 1437 D S. Ridgewood Ave
 DAYTONA BEACH, FL 32114

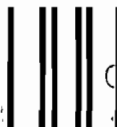
Instructions

7004 2510 0002 3938 6440

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF MAILING ADDRESS, FOLD AT DOTTED LINE

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 1270149 1stC COMEC CLEANERS 1437 D S. Ridgewood Ave DAYTONA BEACH, FL 32114</p> </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>JAMES C KERRY</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JAMES C KERRY</i> C. Date of Delivery <i>2-9-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7004 2510 0002 3938 6440</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 1000
2600 DEAN WALKER ROAD
TALLAHASSEE, FLORIDA 32399-2400

Control Air Monitoring
Emission Sources

FEB 16 2005

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