

# Department of Environmental Protection

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

David B. Struhs Secretary

October 3, 2002

Mr. Robert H. Cothern 60 Minute Cleaners Post Office Box 156 Melbourne, Florida 32902

Re: Facility No.: 0090142-002

Dear Mr. Cothern:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 2002.

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,

/ Joe Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

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

## AIRS ID # 0090142-002

## Page 15

1. (a) New should be circled under Status for 1994 and 1995 machines.

# Page 16

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

RECEIVED

(AUG 28 2002

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Bureau of Air Monitor 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 co	orporation, agency, or individ	lual owner):			
2. Site Name (For example, plant name or num					
2. Site Name (For example, plant name or num	ber):	;			
60 minute CLEANERS					
3. Hazardous Waste Generator Identification No	umber:				
FLD 9810 26347					
4. Facility Location:					
Street Address: 1111 E. Primetto	AVENUE	Zia Cada			
City: MELBOURNE Coun	ity: BREVARD	Zip Code: <b>3290</b> /			
5: Facility Identification Number (DEP Use ON	LY 2 do not fillin)				
		3290 J			
TO SECURE THE PARTY OF THE PART		!			
Responsible Official					
6. Name and Title of Responsible Official:					
Name:  REBERT LL 60+UEAA	Title:	OWNER (PRESIDENT)			
7. Responsible Official Mailing Address:		WELL WILLIAM			
Organization/Firm: be minute Ek	eaners				
Street Address: P. O. Box 156 City: County:		5. 0 1			
City: County: County:	BREVARD	Zip Code: 32.962			
8. Responsible Official Telephone Number:	UNT VARD	32162			
Telephone: (32/ ) 724 - 0170	Fax: ( 32/	724 - 6171			
()-1 , /// - ///		,,,,,			
Facility Contact (If different from Responsible  9. Name and Title of Facility Contact (For exam					
7. Italic and This of Latiney Contact (For Oxal)	iipic, piain manager).				
PAUL MEGINA	LANT MANAGER	=			
10. Facility Contact Address:	,				
Street Address: //// E PALMETTO A	المارية				
City: MAIEL BOURNIE County:	BREVARD	Zip Code: 3290/			
11. Facility Contact Telephone Number:					
Telephone: (32 / ) 723 - 713/	Fax: (	) wh			
	•				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **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 Control Device Required\* Date Control Device Installed Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 28-007-94 Existing/New (RC)CA/None required SAME 30- MAY - 93 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) 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? [328] 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

DEP Form No. 62-213.900(2) Effective: 2/24/99 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 mach Transfer only on Both machine ty		(used less than 200	gallons of perc per year) gallons of perc per year) gallons of perc per year)	
Large Area Source	[X]			
Dry-to-dry mach Transfer only on Both machine ty		(used 200 - 1,800 g	gallons of perc per year) gallons of perc per year) gallons of perc per year)	
4. What control technology is requ (Indicate with an "X".)	nired on machines	pursuant to section	(5) of Part II of this notification form?	
Existing machines at sma (NONE REQUIRED)	all area source		nines at small area source ed condenser []	
Existing machines at large Carbon adsorber Refrigerated condenser	e area source		nines at large area source ed condenser []	
5. A facility which contains non-tension Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such	hat all steam and h	ot water generating		
All steam and hot water generating No such units on-site	g units exempt	OR		
How many boilers do you have on	-site?			
For each boiler, indicate its horsep	oower (HP) rating:	<u> </u>	٦	
What type of fuel do you use?	] propane [] No. 2 fue [] No. 6 fue		tural gas o, 4 fuel oil her (please list)	
6. Equipment Monitoring and Rec	ordkeeping Inform	nation		
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				

DEP Form No. 62-213.900(2) Effective: 2/24/99

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					
this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.  The Corthelast.				
Signature	Date 3-8-01				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SEC	TION ON DELIV	/ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reveso that we can return the card to you.</li> <li>Attach this card to the back of the mailpor on the front if space permits.</li> </ul>	erse	A. Signature  X. Mulla C  B. Received by (Printer	nd Name)	☐ Agent☐ Addressee C. Date of Delivery
1. Article Addressed to:		D. Is delivery address d If YES, enter deliver		· · —
AIRS ID# 90142 1stC 60 MINUTE CLEANERS 1111 E. PALMETTO AVENUE MELBOURNE, FL 32901	- · · · · · · · · · · · · · · · · · · ·	☐ Registered	☐ Express Mall ☐ Return Rece	lpt for Merchandise
		4. Restricted Delivery?	(Extra Fee)	☐ Yes
2. Article Number	0600	002014/25	7. 6198	3
PS Form 3811, February 2004	Domestic Retu	ım Receipt		102595-02-M-1540

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UNITED STATES POSTAL SERVICE DO First-Class-Mail--Permit No. G-10 Sender: Please print your name, address, and ZIP+4-in-this box DARM/MOBILE SOURCE CONTROL PROGISM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 MOUNTORIE 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 01

#### U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) m 40 \_\_ <del>q</del> Postage \$ П 4 Certified Fee Postmark 0026 Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 090 AIRS ID# 90142 1stC **60 MINUTE CLEANERS** 1111 E. PALMETTO AVENUE 7000 MELBOURNE, FL 32901 See Reverse for Instruction: PS Form 3800, February 2000

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 468307 FEB 5 2007

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# 90142 60 MINUTE CLEANERS 1111 E. PALMETTO AVENUE MELBOURNE, FLORIDA 32901 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

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

Check Amount:

\$100.00

Feb 1, 2007

Date

2/1/07

2/1/07

Invoice

Discount Taken

Amount Paid 50.00

50.00

Quantity

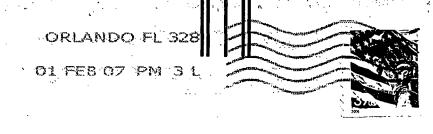
Description

AIRS ID# 90142

Check Date:

AIRS ID# 610067

• P.O. BOX 156
MELBOURNE, FL 32902-0156



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

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 458008 JAN13206

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

90142 10 60 MINUTE CLEANERS 1111 E. PALMETTO AVENUE MELBOURNE, FL 32901 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

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

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

445236 FEB 3 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# 90142 10
60 MINUTE CLEANERS
1111 E. PALMETTO AVENUE
MELBOURNE, FL 32901

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

CENTRAL FLORIDA DRYCLEANING, INC. DEPARTMENT OF ENVIRONMENTAL	Check Number: Check Date:		<b>24884</b> 2005
	Check Amount:	\$50.00	
Item to be Paid - Description	Discount Taken	Amount	Paid
TITLE V AIR GENERAL PERMIT			50.00

P. O. BOX 156
MELBOURNE, FLORIDA 32902-0156



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



### 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: \$50,000

### Do NOT Remove Label

AIRS ID#0090142

60 MINUTE CLEANERS
ROBERT H. COTHERN
P.O. BOX 156
MELBOURNE FL
32902

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

Noone

<i>v</i> - <b>₹</b>	Check Date:	Jan 1, 2003
	Check Amount:	\$100.00
Item to be Paid - Description	Discount Taken	Amount Paid
AIRS ID #0090142		50.00
AIRS ID #0610067		50.00

Check Number:

21053

21053

CENTRAL FLORIDA DRYCLEANING, INC.
DEPARTMENT OF ENVRONMENTAL PRO

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

434969 JAN 5204
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

