

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 25, 2003

Mr. Charles Walters
Gold Coast Dry Cleaners
5308 Northwest 22 Avenue
Tamarac, Florida 33309

Re: Facility No.: 0112440-002

Dear Mr. Walters:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 24, 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,

for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - 199-2002
SOC REPORT - 3
Compliance Status - IN
(12/20/02)

Grant, Patricia

From: Thomas, Bruce X.
Sent: Tuesday, January 10, 2006 10:25 AM
To: Bittle, Clifton
Cc: Bowman, Sandy; Grant, Patricia
Subject: 0112440

Cliff,

Gold Coast Formal Wear has notified us of a name change to A Formal Affair. The name change has been made in the database.

Bruce Thomas, P.E.
Division of Air Resource Management
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

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):	CHARLES WALTERS GOLD COAST FORMALWEAR INC		
2. Site Name (For example, plant name or number):	GOLD COAST DRY CLEANERS		
	5308 N.W. 22 AVE TAMARAC FL 33309		
3. Hazardous Waste Generator Identification Number:	F.L.D. 981 003 809.		
4. Facility Location:	5308 N.W 22 AVE TAMARAC FL 33309		
Street Address:			
City:	TAMARAC	County:	BROWARD
		Zip Code:	33309
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112440-002		

Responsible Official CHARLES WALTERS

6. Name and Title of Responsible Official:			
Name:	CHARLES WALTERS	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	5308 N.W 22 AVE TAMARAC FL 33309		
Street Address:			
City:	TAMARAC	County:	BROWARD
		Zip Code:	33309
8. Responsible Official Telephone Number:			
Telephone:	(954) 735 4440	Fax:	(954) 484-6154

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	5308 N.W 22 AVE TAMARAC FL 33309		
Street Address:			
City:		County:	BROWARD
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	(954) 735 4440	Fax:	(954) 484-6154

RECEIVED
OCT 24 2003
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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")
<u>1-93</u>	<u>Existing/New</u>	RC/CA/None required	<u>SAME</u>
<u>2-97</u>	<u>Existing/New</u>	RC/CA/None required	<u>SAME</u>
_____	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?

195 gallons (You must fill this in) 2 MACHINES

(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? 2

For each boiler, indicate its horsepower (HP) rating: 15 20

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

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.

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 UNKNOWN.



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.

CHARLES WALTERS

Print name of responsible official

Charles Walters

Signature

10-21-03

Date

Page 15

1. (a) New should be circled under Status for 1993 and 1997 dry-to-dry machines.
RC should be circled under Control Device Required for 1993 and 1997 dry-to-dry machines.

Page 16

4. New machines at large area source Refrigerated condenser should be marked for 1993 and 1997 dry-to-dry machines using 140 or more gallons of perchloroethylene.
5. (e) Required for all sources. Should be marked.

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.

470401 MAR 2207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112440 ✓
A FORMAL AFFAIR
5308 NW 22nd Avenue
TAMARAC, FLORIDA 33309

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

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

MAR 07 2007

Bureau of Air Monitoring
Mobile Sources

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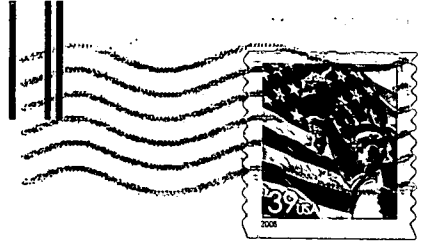
A FORMAL AFFAIR INC.

011802

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
112440	02/28/07	Invoice	\$50.00	\$0.00	\$50.00
CHECK NO.	11802	TOTALS	\$50.00	\$0.00	\$50.00

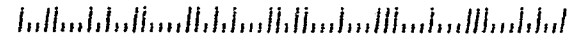
A Formal Affair, Inc.
2199 NW 53rd. Street
Fort Lauderdale, FL. 33309

FT LAUDERDALE
FL 333
28 FEB 2007 PM 1 T



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

323153070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457534 JAN 3 2006

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

Please change company name

TO

~~A FORMAL AFFAIR~~ **TOTAL AMOUNT DUE: \$50.00**
A FORMAL AFFAIR Everything Else STAYS THE SAME

Do NOT Remove Label

112440 10 A FORMAL
GOLD COAST FORMALWEAR AFFAIR
5308 NW 22nd Avenue
TAMARAC, FL 33309

Bureau of Air Monitoring
& Mobile Sources

FLAIR ACOT. 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.



(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

Do **NOT** Remove Label

112440
CHARLES WALTERS
GOLD COAST FORMALWEAR
5308 NW 22ND AVENUE
TAMARAC FL 33309

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

436376 FEB 15 2004

FEB 19 2004

Bureau of Air Monitoring
& Mobile Sources

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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.

449772 MAR 25 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112440....2nd Cert 05
GOLD COAST FORMALWEAR
5308 NW 22nd Avenue
TAMARAC, FL 33309

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

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MAR 29 2005
Bureau of Air Monitoring
& Mobile Sources

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OFFICIAL USE

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

Sent To AIRS ID#0112440.....2nd Cert 05
GOLD COAST FORMALWEAR

Street, Apt. No.,
or PO Box No. 5308 NW 22nd Avenue
City, State, ZIP+4 TAMARAC, FL 33309

PS Form 3800, July 2002

7004 2510 0002 3939 7644

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#0112440.....2nd Cert 05
GOLD COAST FORMALWEAR
5308 NW 22nd Avenue
TAMARAC, FL 33309

2. Article Number

(Transfer from service #)

7004 2510 0002 3939 7644

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kandis Hatten Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-4-05

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

U.S. AIR
Mobile Src.

MAR 7 2005

CEIV

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark
Here

To: AIRS ID# 112440 1stC

Sen: GOLD COAST FORMALWEAR

5308 NW 22nd Avenue

TAMARAC, FL 33309

PS Form 3800, June 2002 See Reverse for Instructions

7059 4410 4000 0050 8007

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.

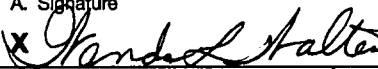
1. Article Addressed to:

AIRS ID# 112440 1stC
 GOLD COAST FORMALWEAR
 5308 NW 22nd Avenue
 TAMARAC, FL 33309

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X 

B. Received by (Printed Name)

C. Date of Delivery
 2/7/05

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

7003 0500 0004 0144 8501

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

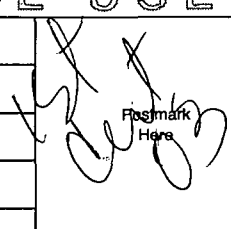
RECEIVED



U.S. Postal Service™
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OFFICIAL USE

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

Total Postage ID# 112440

Sent To **CHARLES WALTERS**
GOLD COAST FORMALWEAR
 Street, Apt. No. or PO Box No. **5308 NW 22ND AVENUE**
 City, State, Zip **TAMARAC, FL 33309**

PS Form 3811, August 2001

7003 2260 0003 5650 8717

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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;"> ID# 112440 CHARLES WALTERS GOLD COAST FORMALWEAR 5308 NW 22ND AVENUE TAMARAC, FL 33309 </div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>Charles Walters</i></p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; margin-right: 50px;">2/6/04</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>3. Service Type</p> <p><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>
<p>7003 2260 0003 5650 8717</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. •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 17 2004

RECEIVED

was taped
to inside of
envelope

Held Coast Formletter
5308 N.W. 22 Ave
Tamarac FL 33309



General Permits Section
Bureau of air monitoring & mobile sources
MS 5510
Department of Environmental Protection
2600 Blue Stone Road
Ft. Lauderdale, Florida 33399-2400