

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 4, 2003

Mr. John C. Algar
Algar's Great American Cleaners
1931 Tamiami Trail #9
Port Charlotte, Florida 33948

Re: Facility No.: 0150061-003

Dear Mr. Algar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 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. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - '96-2001

SOC REPORT - 1

COMPLIANCE Status - SNC (10/22/2003)

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT 27 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. 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):	John C. Algar
2. Site Name (For example, plant name or number):	Algar's Great American Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: County: Zip Code:	1931 Tamiami Trail #9 Port Charlotte Charlotte 33948
5. Facility Identification Number (DEP Use ONLY; do not fill in):	0150061-003

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	John C. Algar Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	1931 Tamiami Trail #9 Port Charlotte Charlotte 33948
8. Responsible Official Telephone Number: Telephone: Fax: ()	(941) 255 5980 Same

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Chipley Algar
10. Facility Contact Address: Street Address: City: County: Zip Code:	Same
11. Facility Contact Telephone Number: Telephone: Fax: ()	(941) 255 5980

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")
7-03	Existing <u>New</u>	RC <u>CA</u> / None required	7-03
_____	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?

800-1000210
 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) *Estimated*

(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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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: 1/3

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) Electric

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:

New
Owner

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.

John Algar

Print name of responsible official



Signature

10-22-03

Date

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OFFICIAL USE

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

AIR# ID# 150061 3rd Cert04
 ALGAR'S GREAT AMERICAN
 CLEANERS
 1931 Tamiami Trail Unit 9
 PORT CHARLOTTE, FL 33948

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 6620

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:

AIR# ID# 150061 3rd Cert04
 ALGAR'S GREAT AMERICAN
 CLEANERS
 1931 Tamiami Trail Unit 9
 PORT CHARLOTTE, FL 33948

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Adella Horowitz Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 6620

UNITED STATES POSTAL SERVICE



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

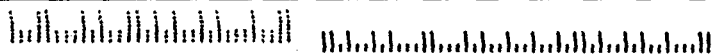
• Sender: Please print your name, address, and ZIP+4 in this box •

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

APR 13 2005

& Mobile Sources

01



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

Sent To AIRS ID#0150061.....2nd Cert 05
 ALGAR'S GREAT AMERICAN CLEANERS
 Street, Apt. No., or PO Box No. 1931 Tamiami Trail Unit 9
 City, State, ZIP+4 PORT CHARLOTTE, FL 33948

PS Form 3800, Ju

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:

0150061

AIRS ID#0150061.....2nd Cert 05
 ALGAR'S GREAT AMERICAN CLEANERS
 1931 Tamiami Trail Unit 9
 PORT CHARLOTTE, FL 33948

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 7590

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x. Alla Koretsky Agent Addressee

B. Received by (Printed Name) Date of Delivery

3-4-05

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

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 STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AT MOUNTAIN
MAIL SOURCE

MAR 15 2005

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

AIRS ID# 150061 1stC
 ALGAR'S GREAT AMERICAN
 CLEANERS
 1931 Tamiami Trail Unit 9
 PORT CHARLOTTE, FL 33948

PS Form 3800, Jul 01

7004 2510 0002 3939 0270

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# 150061 1stC
 ALGAR'S GREAT AMERICAN
 CLEANERS
 1931 Tamiami Trail Unit 9
 PORT CHARLOTTE, FL 33948

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 0270

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Xedella Lovat Hayes Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

2-8-05 DH

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-10

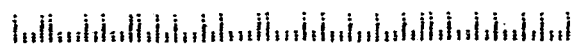
• Sender: Please print your name, address, and ZIP+4 in this box.

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 10 2005

RECEIVED



Routing and Transmittal Slip

Name MS Name MS

<i>Sandy Bowman</i>	<i>5510</i>		

Large empty rectangular area for routing signatures and dates.

From:
Wayne Lewis
DEP/FORT MYERS

Date:
10/23/03

Phone:
SunCom 748-6975