

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 22, 2003

Mr. Richard Timko  
Crown Cleaners  
12215 Collier Boulevard, Suite 1  
Naples, Florida 34416

Re: Facility No.: 0210064-002

Dear Mr. Timko:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 19, 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. Sherrill Culliver, South District

"More Protection, Less Process"

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EMISSION FEE DATES 196-2002  
SOC REPORTS ..... 3 .....  
COMPLIANCE STATUS LN .....

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NOV 19 2003

D.E.P. - South District

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):	Crown Cleaners Inc / Richard Timko		
2. Site Name (For example, plant name or number):	Crown Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 982 170 557		
4. Facility Location:	Street Address: 12215 suite #1 Collier Blvd		
	City: Naples	County: Collier	Zip Code: 34116
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0210064-002		

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DEC 08 2003  
Bureau of Air Monitoring  
& Mobile Forces

Responsible Official

6. Name and Title of Responsible Official:	Name: Richard Timko Title: Vice President		
7. Responsible Official Mailing Address:	Organization/Firm: Crown Cleaners Street Address: 12215 Collier Blvd suite #1 City: Naples County: Collier Zip Code: 34416		
8. Responsible Official Telephone Number:	Telephone: (239) 455-2428 Fax: ( ) -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
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")
4/11/97	Existing <u>New</u>	<u>RC</u> /CA/None required	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?

500-4200120

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:  15

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

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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
- Permit Has expired / RE-submitted  
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.*

Richard J. Timko  
Print name of responsible official

Richard J. Timko  
Signature

11/15/03  
Date

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.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 210064  
CROWN CLEANERS INC  
12215 Collier Blvd Suite #1  
NAPLES, FLORIDA 34116

*Printed on recycled paper.*

468677 FEB 7 2007  
Bureau of  
& Mobility  
Procurement  
FEB 0 2007  
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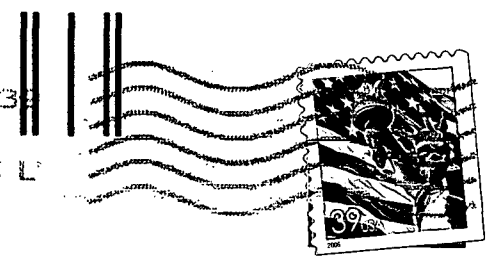
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002090  
BENEFITTING CATEGORY 000200

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

Crown Cleaners  
12215 Collier Blvd #1  
Naples, FL 34116

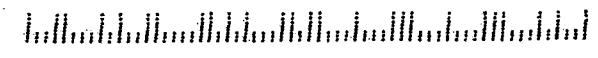
FORT MYERS FL 339

05 FEB 2007 PM 5 L



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

32315+3070-70 8096





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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. 459962 MAR 17 2006

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID# 210064  
CROWN CLEANERS  
12215 Collier Blvd Suite #1  
NAPLES, FL 34116

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

448974 MAR142005

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#0210064.....2<sup>nd</sup> Cert 05  
CROWN CLEANERS  
12215 Collier Blvd Suite #1  
NAPLES, FL 34116

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

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Bureau of Air Monitoring  
& Mobile Sources

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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#0210064.....2<sup>nd</sup> Cert 05  
**CROWN CLEANERS**  
**12215 Collier Blvd Suite #1**  
**NAPLES, FL 34116**

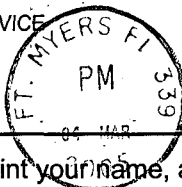
*Street, Apt. No.,  
or PO Box No.*  
*City, State, ZIP+4*

PS Form 3800, 3-01

7804 6669 0002 3939 7804

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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 reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID#0210064.....2<sup>nd</sup> Cert 05            CROWN CLEANERS            12215 Collier Blvd Suite #1            NAPLES, FL 34116</p> </div> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>(Printed Name)</i> <span style="float: right;">C. Date of Delivery</span>  <i>Terrie Tomko</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>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? <i>(Extra Fee)</i>    <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 7804</p>	

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USPS  
Permit No. G-10



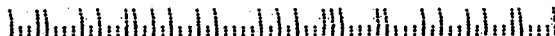
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau  
& N

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<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here
Sent To AIRS ID# 210064 1stC CROWN CLEANERS 12215 Collier Blvd Suite #1 NAPLES, FL 34116	
Street, Apt. 1 or PO Box N City, State, ZIP	
PS Form 3811, August 2001	7004 2510 0002 3939 0324

**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# 210064 1stC  
 CROWN CLEANERS  
 12215 Collier Blvd Suite #1  
 NAPLES, FL 34116

 2. Article Number  
 (Transfer from service label)

7004 2510 0002 3939 0324

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *SM Mendez*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

SHERRY MENDEZ

C. Date of Delivery

7/8/15

 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

2ACPRI-03-P-4081

UNITED STATES POSTAL SERVICE



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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

BUR. OF AIR MONITORING  
& MOBILE SOURCES

FEB 15 2005

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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 can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID: # 210064  
RICHARD TIMKO  
CROWN CLEANERS  
1913 CR 951  
NAPLES, FL 34116

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

437600 MAR 15 2004  
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MAR 18 2004  
Bureau of Air Monitoring  
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Postage	\$	2nd Cl Postmark Here 2003
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 210064

Total P<sub>c</sub> RICHARD TIMKO  
 Sent To CROWN CLEANERS  
 1913 CR 951  
 Street, Apt or PO Bo NAPLES, FL 34116  
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 7856

**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 # 210064

RICHARD TIMKO  
 CROWN CLEANERS  
 1913 CR 951  
 NAPLES, FL 34116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Richard Timko*

B. Received by (Printed Name)  Date of Delivery  
*Richard Timko 05/17/04*

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

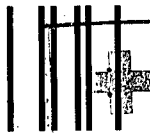
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: 7003 0500 0004 0144 7856



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Postage & Fees Paid  
USPS  
Permit No. G-10

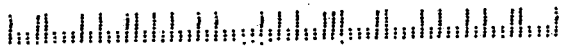
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Div. of Air Monitoring  
& Mobile Sources

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EJBT 1595 E000 0922 E001

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

*Postmark Here*  
*03*

ID# 210064  
 1 RICHARD TIMKO  
 CROWN CLEANERS  
 1913 CR 951  
 NAPLES, FL 34116

PS Form 3800, June 2002

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:

ID# 210064  
 RICHARD TIMKO  
 CROWN CLEANERS  
 1913 CR 951  
 NAPLES, FL 34116

2. Article Number  
 (Transfer from)

7003 2260 0003 5651 1373

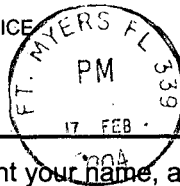
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 X 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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



STRAWBER  
PLANT  
FEB. 26

First-Class Mail  
Postage & Fees Paid  
USPS, FL  
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 20 2004

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