



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

August 12, 2008

Mr. Joseph Waite
Fabricare Center
71 Commercial Boulevard
Naples, Florida 34104

Re: Facility No.: 0210080-003

Dear Mr. Waite:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 11, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

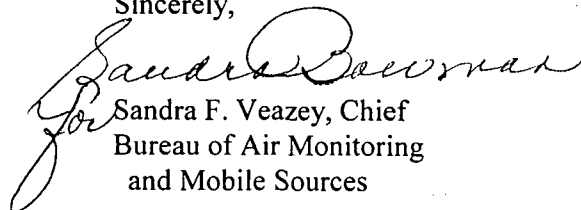
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Sherrill Culliver, South District

INSP CU
Sculliver SD- Collier Co
NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 1997-2006
~~VER~~ REPORTS 5
COMP. STATUS- SNC (MNC) IN

Sack

*7/3/2008 - mnc
Insp - Ins2 compliance Inspection
walkthrough
Insp - Collier Co - SD - Sculliver*



Facility Information

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

How many dry-to-dry machines do you have on-site? [4]

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")
9/8/2000 - Perc	Existing/New	RC/CA/None required	Same
9/8/2000 - Perc	Existing/New	RC/CA/None required	Same
6/1/2005 - HC	Existing/New	RC/CA/None required	Same
6/1/2005 - HC	Existing/New	RC/CA/None required	Same

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[77] 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" 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? 2

For each boiler, indicate its horsepower (HP) rating: 30 30

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.

Joseph White
Print name of responsible official

[Signature]
Signature

7/7/08
Date



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

AIRS ID# 0210080
PLATINUM COAST DRY CLEANER
71 Commercial Blvd
NAPLES, FL 34104

To: Users of the Title V Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit (TV AGP) 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 entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. **As the Responsible Official (R/O) for this facility, please complete the form, sign your name, date it, and submit it to the following address:**

**Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400**

It is important to note that facilities not in compliance with the conditions of their existing TV AGP may not be eligible to use a new TV AGP after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their TV AGP conditions to avoid this costly situation.



IMPORTANT

A facility is eligible to operate under a Title V Air General Permit (TV AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Title V Air General Permit.

NEW OWNER? If you are a **NEW OWNER**, please check this box and return this page with your completed Title V Air General Permit Notification Form.

NEW RESPONSIBLE OFFICIAL? If you are a **NEW RO**, and/or your existing business has moved to a new location, please check this box and return this page with your completed Air General Permit Notification Form.

- If you wish to continue your entitlement, please complete the enclosed Air General Permit Notification Form, making certain that it is **signed by the Responsible Official (RO)**, properly dated, and mailed to the following address:

**Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400**

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

FDEP

Check Number: 2438
Check Date: Jul 7, 2008

Check Amount: \$100.00

Invoice	Date	Amount Paid	Description
	7/7/08	100.00	AGP Fee - FL DEP Air

AIRS ID # 0210080

243

Platinum Coast Dry Cleaners, Inc.
73 Commercial Blvd.
Naples, Florida 34104

FIRST AMERICAN BANK
www.bankfirstamerican.com

DATE
Jul 7, 2008

72-80-739

AMOUNT
\$ \$100.00

One Hundred and 00/100 Dollars

VOID

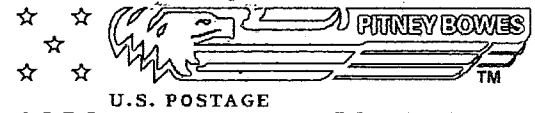
PAY TO THE ORDER OF: FDEP Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

VOID AFTER 90 DAYS

[Signature]
AUTHORIZED SIGNATURE

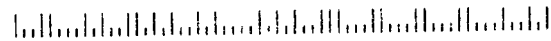
This is A Backup Filing -

Platinum
TOTAL FABRICARE 



1050 PB3515503
1756 \$00.590 JUL 08 2008
8851 MAILED FROM ZIP CODE 34104

Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32309-2400



we clean...you shine

SECOND
APPLICATION -
SENT IN
ERROR.
TO FILE

Facility Information

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

How many dry-to-dry machines do you have on-site? [4]

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9/8/2000 - Perc	Existing <input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> RC <input checked="" type="checkbox"/> CA None required	Same
9/8/2000 - Perc	Existing <input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> RC <input checked="" type="checkbox"/> CA None required	Same
6/1/2005 - HC	Existing <input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> RC <input type="checkbox"/> CA None required	Same
6/1/2005 - HC	Existing <input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> RC <input type="checkbox"/> CA None required	Same

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

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 <input type="checkbox"/> New <input type="checkbox"/>	<input type="checkbox"/> RC <input type="checkbox"/> CA None required	_____
_____	Existing <input type="checkbox"/> New <input type="checkbox"/>	<input type="checkbox"/> RC <input type="checkbox"/> CA None required	_____
_____	Existing <input type="checkbox"/> New <input type="checkbox"/>	<input type="checkbox"/> RC <input type="checkbox"/> 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?

[77] gallons (You must fill this in)

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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.)

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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 checked="" 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).

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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) _____

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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 _____.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

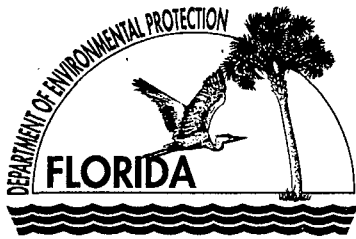
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Joseph White
Print name of responsible official


Signature

7/7/08
Date



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

PROCESS CHANGE

May 1, 2008

To: Users of the Non-Title V Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Non-Title V Air General Permit (AGP) pursuant to Chapter 62-210, Florida Administrative Code (F.A.C.) and your entitlement to operate is about to expire.

As a source of air pollution, your facility is entitled to operate for no more than five (5) years with an AGP under Section § 403.0872 Florida Statutes (F.S.). Rule 62-210.310, F.A.C., establishes that the duration of the AGP is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this AGP, the owner/operator or authorized representative shall submit a new notice of intent which shall contain all current information regarding the facility.

If you wish to maintain your entitlement to operate, for your convenience, you may obtain a copy of the appropriate registration form in the following manner(s). You may download a copy of the registration form from the FDEP Air Resource Management webpage:

<http://www.floridadep.org/Air/forms/tvvp.htm>

or call the

Small Business Environmental Assistance Program (SBEAP) toll-free @: **1-800 722-7457**

As the Owner/Operator or authorized representative for this facility, please complete the form, sign your name, date it, and submit it along with the appropriate AGP Processing fee to the following address: (Please see the AGP Processing Fee Schedule on the back side of this page).

**FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070**

It is important to note that facilities not in compliance with the conditions of their existing Non-Title V AGP may not be eligible to use a new Non-Title V AGP after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source, or under Title V. It is very important for facilities to assure that they are now in compliance with their Non-Title V AGP conditions to avoid this costly situation.



IMPORTANT

A facility is eligible to operate under a Non-Title V Air General Permit (AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Non-Title V AGP.

NEW OWNER? If you are a **NEW OWNER**, please check this box and return this page with your completed Non-Title V AGP Notification Form.

NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE? If you are a **NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, and/or your existing business has moved to a new location, please check this box and return this page with your completed Non-Title V AGP Notification Form.

- If you wish to continue your entitlement, please complete the Non-Title V AGP Notification Form, making certain that it is **signed by the OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, properly dated, including the appropriate AGP Processing fee, and mailed to the following address:

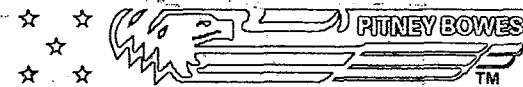
**FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070**

- If you do not wish to continue with your eligibility, please disregard this notice.
- An AGP processing fee is required to be submitted with the notification form according to the following fee schedule:

AGP FEE SCHEDULE

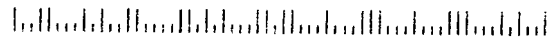
- 1) Volume Reduction, Mercury Recovery & Reclamation Processes = \$250.00 fee
(Professional Engineer (PE) Signature Is Required)
- 2) All other Non-Title V AGP programs = \$100.00 fee
(No Professional Engineer Signature Required)

Platinum
TOTAL FABRICARE 



U.S. POSTAGE
1820 PB3515503
1786 \$00.590 JUL 08 2008
8850 MAILED FROM ZIP CODE 34104

FDEP
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070



we clean...you shine

Platinum Coast Dry Cleaners, Inc.

2438

FDEP

Check Number: 2438

Check Date: Jul 7, 2008

Check Amount: \$100.00

Invoice	Date	Amount Paid	Description
	7/7/08	100.00	AGP Fee - FL DEP Air

AIRS ID # 0210080

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291019 thru 291019
Printed: 7/10/2008 4:30:37 PM - Page 8

Cashlisting: 69599 Cashlist Area: 3755 Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: 291019 Date Deposited: 07/10/2008 Contact: **E. WALKER**

REFUND REQUEST
16600
REFUND DUE

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	49428	484422	630664		PLATINUM COAST DRY CLEANERS IN	2438	\$100.00		890025	788895	PFTF		
Object Code 002272 Subtotal:							\$100.00						
Cashlisting 69599 Total:							\$100.00						

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: PLATINUM COAST DRY CLEANERS INC
ADDRESS: 71 COMMERCIAL BLVD
NAPLES, FLORIDA 34104-4706

AMOUNT: \$100.00 CHECK #: 2438 DEPOSIT DATE: 07-10-2008 DEPOSIT: 291019
DOCUMENT NUMBER: 484422 SYS RECEIPT#: 630664 PAYMENT#: 890025 REMIT#: 788895
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

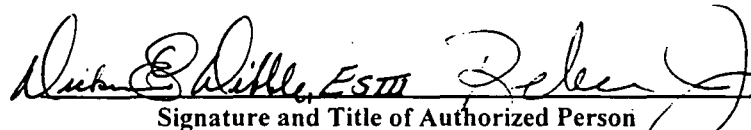
Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 15th day of July, 20 08.

 Robert E. Dille, ESTD
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.