

Department of Environmental Protection

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

David B. Struhs Secretary

December 30, 2002

Mr. G. Malcolm Turner One Price Dry Cleaning 3637 Cedar Hammock Court Naples, Florida 34112

Re: Facility No.: 0210081-002

Dear Mr. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 5, 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/iw

cc: Mr. Sherrill Culliver, South District

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

Printed on recycled paper.

AIRS ID # 0210081-002

12/12/2002

Spoke to Carol, Manager, One Price Dry Cleaning, and she stated that the boiler is rated at 15 horsepower.

Page 15

- 4. New machines at large area source Refrigerated condenser should be marked.
- 5. Add horsepower information for exempt boiler.

MOA 5 1 5005

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

D.E.P. - South District

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.

INC

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

SERVICES

	Site Name (For example, plant name or number):
	ONE PRICE DRY CLEANING
· .	Hazardous Waste Generator Identification Number:
•	
1.	Facility Location: 4176, TAMIAMI TRAIL NORTH Street Address:
	City: NAPLES County: FL Zip Code: 3 4 10 3
	Facility Identification Number (DEP, Use ONLY) = do not fill in):
	ponsible Official
	Name and Title of Responsible Official:
Var	ne: G. MALCOLM TURNER Title: PRESIDENT
•	Responsible Official Mailing Address: REX GROUP SERVICES INC Organization/Firm:
	Street Address: 3631, CEDAR HAMMOCK COURT
3.	Street Address: 3631, CEDAR HAMMOCK COURT
	Street Address: 3637, CEDAR HAMMOCK COURT City: NARIES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number: Telephone: (239) 775-6693 Fax: (219) 354-0369
	Street Address: 3631, CEDAR HAMMOCK COURT City: NAPLES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number:
Fac	Street Address: 3637, CEDAR HAMMOCK COURT City: NARLES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number: Telephone: (239) 775-6693 Fax: (239) 354-0369 cility Contact (If different from Responsible Official)
Fac	Street Address: City: NARIES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number: Telephone: (239) 775-6693 Fax: (219) 354-0369 Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): PLANT MANAGER Facility Contact Address:
Fac	Street Address: 3637, CEDAR HAMMOCK COURT City: NARLES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number: Telephone: (239) 775-6693 Fax: (219) 354-0369 cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): PLANT MANAGER
Fac	Street Address: City: NAPLES County: COLLIER Zip Code: 34112 Responsible Official Telephone Number: Telephone: (239) 775-6693 Fax: (219) 354-0369 Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): PLANT MANAGER Facility Contact Address: 4176, TAMIAMI TRAL N

Facility Name and Location

REX

GROUP

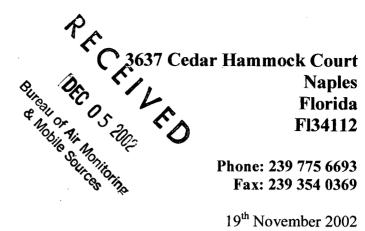
Facility Information		•		
1.(a) DRÝ-TO-DRY MA	ACHINES ONLY			· · · · · · · · · · · · · · · · · · ·
How many dry-to-dry ma	chines do you have	on-site?	9 	
For each dry-to-dry mach	ine on-site, please p	rovide the following information	on: 👾	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device In (if already included at purchase, write "SAM	time of
5-97	Existing(New	(CA/None required	SAME	
	Existing/New	RC/CA/None required		٠.
. 1.	Existing/New	RC/CA/None required		e de la Villa
*CONTROL DEVICE K	EY: RC = refr	igerated condenser CA =	= carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?			
How many dryers/reclain	ners do you have on-	-site?		
unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer	ne was purchased from o units purchased after machine on-site, p	ne manufacturer prior to or on I om the manufacturer between leter September 22, 1993 are allowed the following information of the control of	December 9, 1991 and September this properties to operate under this properties.	tember 22, general
Date Initially Purchased From Manufacturer		Control Device Required* (circle one)	Date Control Device In (if already included at purchase, write "SAM	time of
	Existing/New 1	RC/CA/None required	•	
		RC/CA/None required		. •
		RC/CA/None required		
+001/00/07	D. D. C.			
*CONTROL DEVICE K	EY: RC = refr	rigerated condenser CA	= carbon adsorber	
	roethylene (perc) ha	ve you used within the last 12 is in)	months?	
(b) If less than 12 more	nths how many? [] months	10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
` '	**	New owner: [] Did not ke	•	in an employed in the control of the
Chock why it is it.	•	New store: [] New machin	•••	
		Unopened store [] (date of	,	, ,
		Charier prove [/ame of		

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

3. What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	ting the state of
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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 [X]	New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Verify that all steam and learning or that no such units exist on-site (see attach All steam and hot water generating units exempt No such units on-site	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following exemption and memo for the criteria). OR OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating	
What type of fuel do you use? [X] propane [No. 2 fu	el oil No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Infor	mation
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 X
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring
(e) Startup, shutdown, malfunction plan	and the second temperature of the second

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

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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. Imply notify the Department of any changes to the information contained in this notification. MALCOLM TURNER THE NOV 2002 Date



19th November 2002

Department of Environmental Protection 2295 Victoria Avenue Suite 364 Fort Myers Fl33901

For the attention of Wayne Lewis

Dear Wayne

Re: One Price Dry Cleaners, Naples

Thank you for arranging the inspection at the premises of One Price in Naples which I found very helpful.

I enclose the completed form you gave me which I hope is correct, as it is slightly different from the one David Spencer initially submitted. One piece of information I have yet to ascertain is the H.P. rating of the boiler.

Please advise if I need to do anything else at this stage.

Yours sincerely

G. Malcolm Turner

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456857 DEC15 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

31 **a** (

Do NOT Remove Label

210081 10 ONE PRICE DRY CLEANER 4176 Tamiami Trail NAPLES, FL 34103 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101600 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443622 DEC21 2004

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# 210080 10
PLATINUM COAST DRY CLEANER
5492 Rattlesnake Hammock Road
NAPLES, FL 34113

Printed on recycled paper.

ECEIVED

Bureau of Air Monitoring

Bureau of

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443728 DEC27 2004

Bureau of Air Monitorir & Mobile Sources

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# 210081 10 ONE PRICE DRY CLEANER 4176 Tamiami Trail NAPLES, FL 34103

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

434704 DEC26 2883

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

210081 GTURNER ONE PRICE DRY CLEANER 3637 CEDAR HAMMOCK COURT NAPLES FL 34112

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

Obj.: 002273



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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

422742 FEB10 2983

Do NOT Remove Label

AIRS ID#0210081

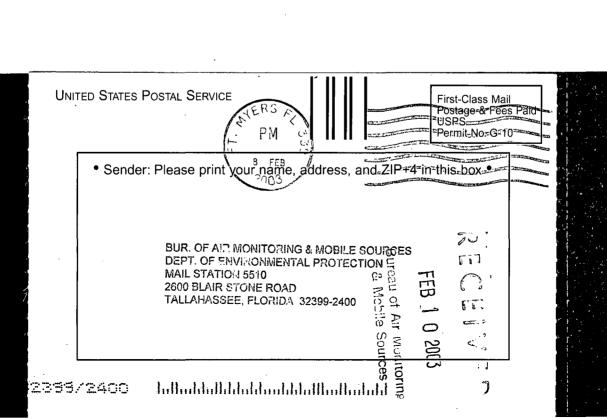
ONE PRICE DRY CLEANER DAVID SPENCER 4176 TAMIAMI TRAIL N NAPLES FL 34103

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provide	ed)
6 0		- <u>/ </u>
75	OFFICIAL USE	
7.5	Postage \$,
7-1	Certified Fee	
-3	Return Receipt Fee (Endorsement Required)	()
0007	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$	
32	Sent To AIRS ID#0210081	
0	ONE PRICE DRY CLEANER Street, DAVID SPENCER	
1007	or PO B 4176 TAMIAMI TRAIL N	
70	City, Ste NAPLES FL 34103	
1	PS Form	tructions

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		•	
SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SECTION ON DELIVER	RY .
 Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is a Print your name and address o so that we can return the card Attach this card to the back of or on the front if space permits Article Addressed to: ONE PRICE DRY CLEANER DAVID SPENCER 4176 TAMIAMI TRAIL N 	desired. In the reverse to you. the mailpiece,	A. Signature X	Agent Addressee Date of Delivery AD AD No
NAPLES FL 34103		3. Service Type Certified Mail	for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7001 0320	0001 7975 7698	
PS Form 3811, August 2001	Domestic Re	eturn Receipt	102595-02-M-1035



Department of Environmental Protection Routing and Transmittal Slip					
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Department of Environmental Protection 2295 Victoria Avenue
Suite 364
Fort Myers
FI33901

For the attention of Wayne Lewis South District

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