



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 23, 2002

Mr. Prakash Patel
Advance Dry Cleaners
4265 US 90 West
Lake City, Florida 32055

Re: Facility No.: 0230038-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 2002.

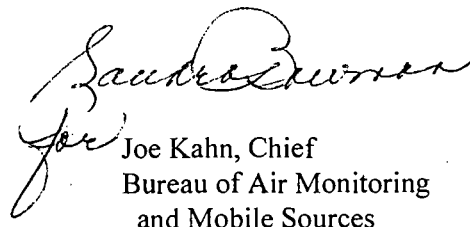
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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/jw

cc: Mr. Rick Banks, Northeast District

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

Printed on recycled paper.

Fee paid 97-01
SOC 5
Compliment IN

Bowman, Sandy

From: Worley, Michelle
Sent: Wednesday, January 26, 2005 10:11 AM
To: Thomas, Bruce X.
Cc: Bowman, Sandy
Subject: Address Change

Advance Dry Cleaners ID 0230038 has a new address

2367 US 90 West
Suite 120
Lake City, FL 32055

Michelle M. Worley

Environmental Specialist
Department of Environmental Protection
Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, FL 32256-759
Michelle.Worley@dep.state.fl.us
904-807-3261
SC 804-3261

09/13/2002

CMB

Spoke to Mr. Prakash Patel, Advance Dry Cleaners owner, and he stated that the facility has one 10 horsepower boiler fueled by natural gas.

Page 16

5. Add information for exempt boiler.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
[AUG 21 2002
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. 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): <p>PRAKASH PATEL</p> |
| 2. Site Name (For example, plant name or number): <p>ADVANCE DRY CLEANERS</p> |
| 3. Hazardous Waste Generator Identification Number: <p>FLD 984208868</p> |
| 4. Facility Location: Street Address: City: LAKE CITY County: COLUMBIA Zip Code: 32055 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <p>0230038-002</p> |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: PRAKASH PATEL Title: OWNER |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: ADVANCE DRY CLEANERS, 4265, US 90 WEST City: LAKE CITY County: COLUMBIA Zip Code: 32055 |
| 8. Responsible Official Telephone Number: Telephone: (386) 755 5571 Fax: (386) 755 5571 |

Facility Contact (If different from Responsible Official)

| |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager): <p>SAME</p> |
| 10. Facility Contact Address: Street Address: SAME City: County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: (386) 755 5571 Fax: (386) 755 5571 |

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") |
|--|---|--|---|
| <u>Aug. 29-1997</u> | Existing <input checked="" type="radio"/> New <input type="radio"/> | <input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required | <u>SAME</u> |
| _____ | 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?

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".)

- | | |
|--|--|
| <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?

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) _____

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.

PRAKASH PATEL
Print name of responsible official


Signature

8-19-02
Date

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

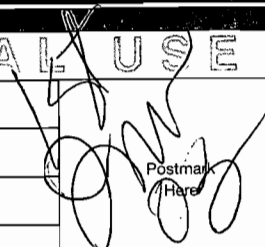
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, 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.

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|--|
| OFFICIAL USE | |
| Postage \$ |  |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total | |
| AIRS ID#0230038 | |
| Sent | ADVANCE DRY CLEANERS |
| Street or PO | PRAKASH PATEL |
| City | 4265 US 90 WEST |
| | LAKE CITY FL |
| | 32055 |
| PS Form | Instructions |

7001 0320 0001 7975 7810

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.

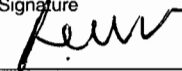
1. Article Addressed to:

AIRS ID#0230038

ADVANCE DRY CLEANERS
PRAKASH PATEL
4265 US 90 WEST
LAKE CITY FL
32055

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

PRAKASH PATEL

C. Date of Delivery

2-7-03

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)

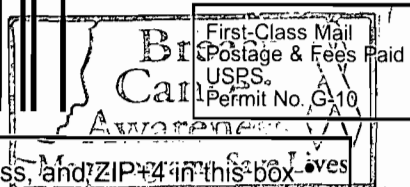
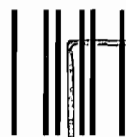
Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7810

UNITED STATES POSTAL SERVICE



• 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

FEB 11 2003

RECEIVED

32399+2400



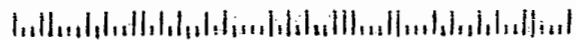
Advance Cleaners
4265 US Highway 90 West
Lake City, FL 32055



FIRST CLASS

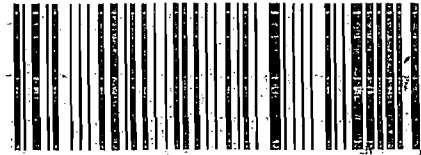
Dept. of Environmental Protection
Bureau Monitoring
MS 5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399-2400 01

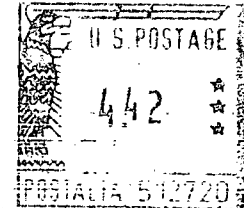
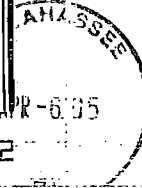


MS# 5510 MC Acct # 5527
5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7004 2510 0004 6986 6682

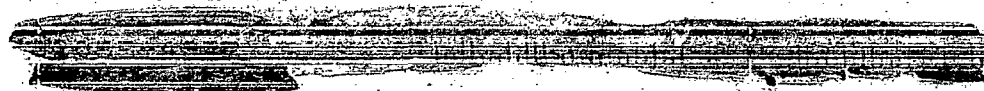


RECEIVED

APR 13 2005

Bureau of Air Quality
& Mobile Sources

FORWARD



44A
RTR



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# 230038 3rd Cert04
 ADVANCE DRY CLEANERS
 4265 US 90 West
 LAKE CITY, FL 32055

2. Article Number
(Transfer from service label)

7004 2510 0004 6986 6682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X _____ Agent
 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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail e-Postcard

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 6682

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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

Total AIRS ID# 230038 3rd Cert04
ADVANCE DRY CLEANERS

| | |
|-----------------|---------------------|
| Sent | 4265 US 90 West |
| Street or PO | LAKE CITY, FL 32055 |
| City, State | |

MS# **5510** MC Acct # **5521**

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0002 3939 3054



RECEIVED

MAR 10 2005

MOBILE SOURCE

AIRS ID#0230038 and
ADVANCE

NO SUCH NUMBER



*NSU
ATW*

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# 230038 1stC
ADVANCE DRY CLEANERS
4265 US 90 West
LAKE CITY, FL 32055

8500 666E 2000 0752 4002

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION (ON FRONT OF DELIVERY)

A. Signature Agent
 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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

9500 6666 2000 0002 3939 0058
7004 2510 0002 4002

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For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Total Pos AIRS ID# 230038 1stC
Sent To ADVANCE DRY CLEANERS
4265 US 90 West
Street, Apt. LAKE CITY, FL 32055
or PO Box
City, State,

PLEASE STICKER AT TOP OF ENVELOPE OR TOP OF MAIL PIECE
OF THE RETURN ADDRESS TO BE PRINTED HERE

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#0230038.....2nd Cert 05
ADVANCE DRY CLEANERS
4265 US 90 West
LAKE CITY, FL 32055

2. Article Number

(transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

7004 2510 0002 3439 3059

102595-02-M-1540

7004 2510 0062 3939 3059

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark
Here

AIRS ID#0230038.....2nd Cert 05

Sent To ADVANCE DRY CLEANERS

Street, Apt. 4265 US 90 West

or PO Box LAKE CITY, FL 32055

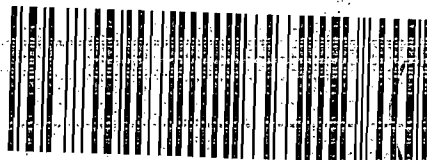
City, State,

PS Form 3801, June 2004

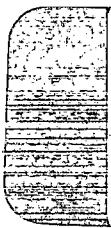
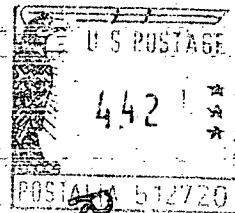
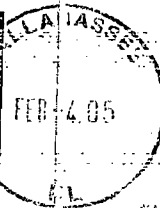
MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0002 3939 0058



**NOT DELIVERABLE
AT ADDRESS
UNABLE TO FORWARD**

Bureau of Mobile Sources
Air Monitoring

FEB 17 2005

RECEIVED

UPB

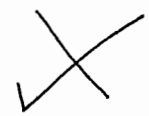


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

434561 DEC 22 2003

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

230058
PRAKASH PATEL
ADVANCE DRY CLEANERS
4265 US 90 WEST
LAKE CITY FL 32055

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457524 JAN24 2007

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# 230038
ADVANCE DRY CLEANERS ✓
2367 US 90 West Suite 120
LAKE CITY, FLORIDA 32055

CK ON
NAME
CHANGE
GOGI CORP
JAN 23 2007

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

Bureau of Air Monitoring
& Mobile Sources

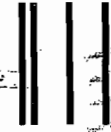
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

ADVANCE CLEANERS
2367 West Hwy 90
Suite 120
LAKE CITY
FL 32055

LAKE CITY FL 32055

22 JAN 2007 4 L



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
458001 JAN13 2006

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

230038 10
ADVANCE DRY CLEANERS
2367 US 90 West Suite 120
LAKE CITY, FL 32055

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

458000 JAN13 2006

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

This 2005
BILL FOR

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

230038 10
ADVANCE DRY CLEANERS
2367 US 90 West Suite 120
LAKE CITY, FL 32055

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

X

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

422745 FEB10 2003

Do NOT Remove Label

AIRS ID#0230038

ADVANCE DRY CLEANERS
PRAKASH PATEL
4265 US 90 WEST
LAKE CITY FL
32055

RECEIVED
FEB 14 2003
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
Org: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273