



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

July 20, 2007

Mr. Dale A. Bell
The Washing Well
1498 Pinehurst Drive
Spring Hill, Florida 34606

Re: Facility No.: 0530349-003

Dear Mr. Bell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2007.


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,


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

SFV/pg

cc: Mr. Christopher Bradley, Southwest District



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Sandra F. Veazey, Chief
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and Mobile Sources

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cc: Mr. Christopher Bradley, Southwest District

RECEIVED
JUN 13 2007
Bureau of Air Monitoring
& Mobile Sources

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): <i>Rosedale Ent. Inc. DBA The Washing Well</i>
2. Site Name (For example, plant name or number): <i>The Washing Well</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 122230659</i>
4. Facility Location: Street Address: <i>1498 Pinehurst Dr.</i> City: <i>Spring Hill</i> County: <i>Hernando</i> Zip Code: <i>34606</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0530349-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Dale A Bell</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>The Washing Well</i> Street Address: <i>1498 Pinehurst Dr.</i> City: <i>Spring Hill</i> County: <i>Hernando</i> Zip Code: <i>34606</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 683-9550</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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")
JAN 28 2000	<u>Existing</u> /New	RC/CA/None required	Same. RC CA
_____	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	<input checked="" type="checkbox"/>	
Dry-to-dry machines only on-site	<input checked="" type="checkbox"/>	(used less than 140 gallons of perc per year)
Transfer only on-site	<input type="checkbox"/>	(used less than 200 gallons of perc per year)
Both machine types on-site	<input type="checkbox"/>	(used less than 140 gallons of perc per year)
Large Area Source	<input type="checkbox"/>	
Dry-to-dry machines only on-site	<input type="checkbox"/>	(used 140 - 2,100 gallons of perc per year)
Transfer only on-site	<input type="checkbox"/>	(used 200 - 1,800 gallons of perc per year)
Both machine types on-site	<input type="checkbox"/>	(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 type="checkbox"/>
<u>Existing machines at large area source</u> Carbon adsorber	<input type="checkbox"/>	<u>New machines at large area source</u> Refrigerated condenser	<input type="checkbox"/>
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

Handwritten notes:
Voltage - 220 control voltage 120
Power Amps 3
Kilowatts 2.9
motor Amp 11
Power volts 78.8
control Amp 4
max. steam cap. 101 lbs per hour.
operating pressure 80
allowable pressure 100
No Horsepower Rating

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) 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

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.

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.

Dale A Bell
Print name of responsible official

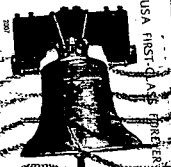

Signature

6/11/07
Date

Roadside Ent
1498 Pinehurst
Spring Hill FL 34606

TAMPA FL 336

11 JUN 07 PM 2 L



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

32399+6642 C001

