

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Richard D. Rentz Vice President Chambless Corporation, Store 100 1501 Venera Avenue, Suite 223 Coral Gables, Florida 33146

Dear Mr. Rentz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

Please note that in November 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

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

### # 0571050

P.13
7. add org/firm name
P.14
1. (c) should not be
marked

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

· · · · · · · · · · · · · · · · · · ·				
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
CHAMBLESS CORP.				
2. Site Name (For example, plant name or number):				
STORE 100				
3. Hazardous Waste Generator Identification Number:				
FLD 982107658				
4. Facility Location: Street Address: 1965 W. Lum SDEN				
4. Facility Location: Street Address: 1965 W. Lumsden City: BRANDON County: HUSBOROUGH Zip Code: 33511				
5. Facility Identification Number (DEP Use):				
0571050				
Responsible Official				
6. Name and Title of Responsible Official:				
KICHARD D. KENTZ V.P.				
RICHARD D. RENTZ V.P.  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: CORAL GABLES  County: DAD e  Zip Code: 33146				
Street Address: 1501 Venera Ave STE 223				
City: CORAL GABLES County: DAD & Zip Code: 33146				
8. Responsible Official Telephone Number:				
Telephone: (305) 665-5922 Fax: (305) 622-4823				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
PAM BOWEN, PLANT MANAGER				
10. Facility Contact Address:				
Street Address: 1965 W. Lums De				
City: Brandon County: HUSBOROUGH Zip Code: 33511				
11. Facility Contact Telephone Number:				
Telephone: (8/3) 654-4423 Fax: () -				
DECEIVED				

RECEIVED

AUG 2 6 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									1. 1. 1. 1. 1. 1.
(1) w/ ref. condenser		8 Aug 187	8 Aug 87						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					The control of the				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			May v	- L	the state of the state of				
(7) w/ ref. condenser									
(8) w/ carbon adsorber		1							
(9) w/ no controls									
Reclaimer Unit	jeut-2		eges to a constant	* 1.1			٠		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total q</li> <li>[200.0]</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [	X perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are					nitions found	l in section (I	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required (Indicate with an "X".)</li> </ol>	d on machines	pursuant to section (5) of	Part II of this notification form?			
Existing large area source Carbon adsorber [_	]	Refrigerated condenser	[X]			
New small area source Refrigerated condenser [	1					
_						
New 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:  All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.  All steam and hot water generating units exempt No such units on-site						
Equipment	: Monitoring a	and Recordkeeping Info	rmation			
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 purch	hases		(X)			
(b) Leak detection inspection and repa	air		[ <b>X</b> ]			
(c) Refrigerated condenser temperature	e monitoring		[ <del>X</del> ]			
(d) Carbon adsorber exhaust perc cond	centration mon	itoring				
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction p	lan		ĹXĹ			
	•					

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
净	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
The	Chambless Corporation
Le	OD. 8/24/96
Signature	Date



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

Chambless Corporation 1501 Venera Avenue Coral Gables, Florida 33146

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

# RECEIVED

APR 3 1 1997

# THE CHAMBLESS CORPORATION Bureau of Air Monitoring

620 N.W. 16th Avenue Gainesville, FL 32602 352-336-8282 Fax 352-336-2276

April 28, 1997

Department of Environmental Protection 2600 Blair Stone Road MS 5510 Tallahassee, FL 32399-2400

Re:

General Air Permit #0571049

General Air Permit #0571050

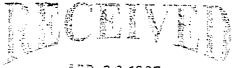
To Whom It May Concern:

The two Cachet Cleaners operated by The Chambless Corporation under the above referenced general air permits were sold to Rema Investments in January of 1997. The contact person at Rema Investments is Peter Patel and his business address is 3312 Lithia Pinecrest Road, Valrico, FL. Please adjust your records to reflect this change of ownership.

Sincerely,

The Chambless Corporation

Richard D. Rentz, Vice-Pres.



APR 29 1997

April 28, 1997

EPC of HO AIR MANAGEMENT

Jim Holton EPC Hillsborough County 1410 N. 21st Street Tampa, FL 33605

Dear Mr. Holton,

In January of 1997 REMA Investments purchased from the Chamblis Corp. two Dry Cleaning Plants. These are located at:

809 Bloomingdale Ave

- Clean Air Permit #0571049

1965 W. Lumsden

- Clean Air Permit #0571050

We would like to cancel the Clean Air Permit on each of these store as we are operating both of these locations strictly as drop stores. The Dry Cleaning Machine located at 809 Bloomingdale has been relocated to our facility at 3312 Lithia Pinecrest Rd. - Clean Air Permit #0571080.

The Dry Cleaning Machine located at 1965 W. Lumsden has had the electrical disconnected and will be moved within the next six months. We will notify you at that time of the new location.

If I can be of any further assistance, please let me know.

Sincerely,

Peter Patel Owner

P 265 302 169 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0571050 **CHAMBLESS CORP** RICHARD D RENTZ 1501 VENERA AVE **CORAL GABLES FL 33146** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Date, a revulue

TOTAL Postage & Fees
Postmark or Date

2/14/4 2/14/97

26	at line over top of envelope to telum address	olo-i II		<del></del> -,
on the reverse side?	<ul> <li>Complete iter</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e does not e number.	also wish to receive the following services (for an extra fee):  1. ☐ Addressee's Address 2. ☐ Restricted Delivery  Consult postmaster for fee.	Receipt Service.
ADDRESS completed	AIRS ID#: 0571050 CHAMBLESS CORP RICHARD D RENTZ 1501 VENERA AVE CORAL GABLES FL 33146	4b. Service 1 ☐ Registere ☐ Express I	Type Certified Mail Insured Cept for Merchandise COD	for using Return
Is your RETURN	6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Ohly if requested paid)  Domestic Return Receipt	Thank you
1	PS Form 3811, December 1994		Domestic Neturn Neterpt	

T	1			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, ahd 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> <li>Article Addressed to:         <ul> <li>AIRS ID # 0571250</li> <li>TAMPA MARRIOTT WATERSIDE</li> <li>MARY SCOTT</li> <li>405 ICE PALACE DRIVE</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X			
TAMPA FL 33602	3. Service Type  Certified Mail			
2. Article Number (Copy from service label) 7000 0600 0026 4128 7720  PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
П		and the last						
77		<u></u>						
다 대	Postage	\$						
7	Certified Fee		Postmark					
먑	Return Receipt Fee (Endorsement Required)		Here					
	Restricted Delivery Fee (Endorsement Required)							
0090	Total Pnetana & Fade	AIRS ID # 05712	250					
1	Re TAMPA MARRIOTT WATERSIDE							
	MARY SCOTT							
7000								
~	33602							
	PS		or Instructions					

## Z 510 PP3 504

### . US Postal Service

10 AIRS ID # 0571050001AG RICHARD D RENTZ STORE 100 1501 VENERA AVE CORAL GABLES FL 33146

	POST UTICE, State, a AIR GOO	•
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAÎR STONE ROAD
TALLAHASSEE FL 32399-2400

Z 210 663 204



10N-6-07

U S MISTABI 1, 1 G 3 POSTALIA 510414

UNK

The property of the state of th

10 AIRS ID # 0571050001AG RICHARD D RENTZ STORE 100 501 VENERA A LE CORAL GABLES FL 33

	Exemply golo lova and a solution of the soluti	COMPLETE THIS SECTION ON DEELVERY	The state of the s
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery	:
	<ul> <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>	C. Signature  X	er en manace.
•	Article Addressed to:	D. Is delivery address different from item 1?	
	10 AIRS ID # 0571050001AG RICHARD D RENTZ STORE 100		,
	1501 VENERA AVE CORAL GABLES FL 33146	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 (Copy from service label) 2210653204	•	
	PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789	
#-	į.		ı

\*\*\*

\*\*\*