

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 26, 2002

Mr. Michael Wilson  
Signature Cleaners  
12905 Lazy Pine Place  
Tampa, Florida 33624

Re: Facility No.: 0571225-002

Dear Mr. Wilson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 2, 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,

  
for Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

*Printed on recycled paper.*



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 18, 2002

Mr. Michael Wilson  
Signature Cleaners  
12905 Lazy Pine Place  
Brandon, Florida 33511

Re: Facility No.: 0571225-002

Dear Mr. Wilson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 2, 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.

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Tallahassee, FL 32399-2400

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Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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December 18, 2002

Mr. Michael Wilson  
Signature Cleaners  
12905 Lazy Pine Place  
Brandon, Florida 33511

Re: Facility No.: 0571225-002

Dear Mr. Wilson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 2, 2002.

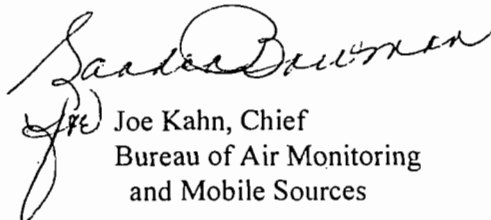
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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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. Thomas Shelton, Hillsborough County

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

*Printed on recycled paper.*

Sent updated form for resubmittal 11/18/2002.

New Owner

MS# 5510 MC Acct # 5521

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

RETURN TO SENDER-NO SUCH NUMBER/STREET



MR MICHAEL WILSON  
SIGNATURE CLEANERS  
12905 LAZY PINE PLACE  
BRANDON FLORIDA 33511

RECEIVED

DEC 23 2002

Bureau of Air Monitoring  
& Mobile Sources

32399/2400



11

**PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM**

**RECEIVED**  
DEC 02 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. 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):	Florida Dry Clean Co. Inc.
2. Site Name (For example, plant name or number):	Signature Cleaners
3. Hazardous Waste Generator Identification Number:	FL 0000 71761
4. Facility Location: Street Address: City:	2020 W. Brandon Blvd, Suite 150 Brandon County: Hillsborough Zip Code: 33511
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571225-002

**Responsible Official**

6. Name and Title of Responsible Official: Name:	Michael F. Wilson	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	12905 Lazy Pine Tampa	County:	Hillsborough Zip Code: 33511 33624
8. Responsible Official Telephone Number: Telephone:	(813) 300-6087	Fax:	(813) 962-2677

**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")
<del>3-25-02</del> 1-11-99	<del>Existing</del> / <sup>NEW</sup> New	RC/CA/ <del>None required</del>	1-11-99
_____	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")
<del>3-25-02</del>	Existing/New	RC/CA/None required	_____
<del>3-25-02</del>	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".)

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

New machines at 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 (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.*

MF (Tel) Wilson  
Print name of responsible official

MF Wilson  
Signature

11-22-02  
Date

# Signature & Cleaners

Rock:

I trust everything is in order. Please  
call if you have any questions.

M.F. (Ted) Wilson

813-300-6087

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED  
NOV 13 2003  
Bureau of Air Monitoring  
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Florida Dry Clean Co., Inc.
2. Site Name (For example, plant name or number):	Signature Cleaners
3. Hazardous Waste Generator Identification Number:	FL000071761
4. Facility Location: Street Address: City:	2020 W. Brandon Blvd. Suite 150 Brandon County: Hallsborough Zip Code: 33511
5. Facility Identification Number (DEP Use):	0571225-002

Responsible Official

6. Name and Title of Responsible Official:	Michael F. Wilson President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Florida Dry Clean Co., Inc. 12905 Lazy Pine Place Tampa County: Hallsborough Zip Code: 33624
8. Responsible Official Telephone Number: Telephone: Fax:	(813) 661-1948 (813) 962-2677

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same
10. Facility Contact Address: Street Address: City:	Same County: Zip Code:
11. Facility Contact Telephone Number: Telephone: Fax:	( ) Same ( ) -

### 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
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		1 01-11-99	01-11-99						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

- Existing large area source
- Carbon adsorber       Refrigerated condenser
- New small area source
- Refrigerated condenser
- 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 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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

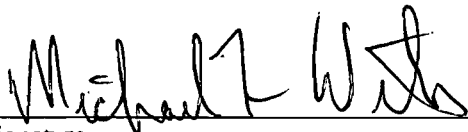
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

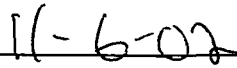
No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

<p><b>MAIL THE COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p>1. Reason for Submittal (See instructions on page 23)  MARK CORRECT BOX(ES)</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report.</p>		
<p>2. Site EPA ID Number (See instructions on page 24)</p>	<p>EPA ID Number: <u>FL0000</u> <u>71761</u></p>		
<p>3. Site Name (See instructions on page 24)</p>	<p>Name: <u>Signature Cleaners</u></p>		
<p>4. Site Location Information (See instructions on page 24)</p>	<p>Street Address: <u>2020 W Brandon Blvd. Suite 150</u></p> <p>City, Town, or Village: <u>Brandon</u> State: <u>FL</u></p> <p>County Name: <u>Hillsborough</u> Zip Code: <u>33511</u></p>		
<p>5. Site Land Type (See instructions on page 24)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)</p>	<p>A.</p>	<p>B.</p>	<p>C.</p>
<p>7. Site Mailing Address (See instructions on page 25)</p>	<p>Street or P. O. Box: <u>2020 W. Brandon Blvd Suite 150</u></p> <p>City, Town, or Village: <u>Brandon</u></p> <p>State: <u>FL</u></p> <p>Country: <u>Hillsborough</u> Zip Code: <u>33511</u></p>		
<p>8. Site Contact Person (See instructions on page 25)</p>	<p>First Name: <u>Michael Wilson</u></p>	<p>MI: <u>F</u></p>	<p>Last Name: <u>Wilson</u></p>
<p>9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)</p>	<p>A. Name of Site's Legal Owner: <u>Florida Dry Clean Co. Inc</u></p>		<p>Date Became Owner (mm/dd/yyyy): <u>3-30-02</u></p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Operator: <u>Florida Dry Clean Co. Inc</u></p>		<p>Date Became Operator (mm/dd/yyyy): <u>3-30-02</u></p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

**10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, and Refining Furnace Exemption
- 6. Underground Injection Control

**B. Universal Waste Activities**

**1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Mark all boxes that apply.)**

- 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
  - a. Transporter
  - b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
  - a. Processor
  - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
  - a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
  - b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (See instructions on page 31)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.




EPA ID No. [ ]

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (See instructions on page 31)**


**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

RECEIVED  
MAR 3 2004

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 3 2004

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Before 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): Florida Dry Clean CO, Inc.
2. Site Name (For example, plant name or number): Signature Cleaners
3. Hazardous Waste Generator Identification Number: FI 0000 71761
4. Facility Location: Street Address: 2020 W Brandon Blvd Suite 150 City: Brandon County: Hillsborough Zip Code: 33511
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571225-002

Responsible Official

6. Name and Title of Responsible Official: Name: Michael T. Wilson Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 12905 Lazy Mc Place City: Tampa County: Hillsborough Zip Code: 33627
8. Responsible Official Telephone Number: Telephone: (813) 300-6087 Fax: (813) 962-2677

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")
1-11-99	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	1-11-99
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> 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 <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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?  1

For each boiler, indicate its horsepower (HP) rating:  33

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.*

MJ (Jack) Wilson  
Print name of responsible official

MJ Wilson  
Signature

3-7-04  
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.

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453443 MAR 12 2006

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**TOTAL AMOUNT DUE: \$50.00**

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& Mobile S

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AIRS ID# 571225 1st  
SIGNATURE CLEANERS  
2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

FLAIR ACCT CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000000

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

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Sent To SIGNATURE CLEANERS  
2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

Street, Apt. No.  
or PO Box No.  
City, State, Zip

PS Form 3800, June 2002

See Reverse for Instructions

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1 Article Addressed to:  
  
AIRS ID#0571225.....2<sup>nd</sup> Cert 05  
SIGNATURE CLEANERS  
2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
3-4-05

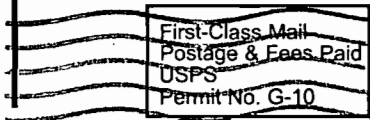
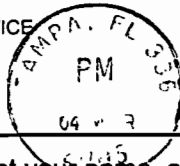
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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  
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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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MARCH 8 2005  
Sources Monitoring

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AIRS ID# 571225 10  
SIGNATURE CLEANERS  
2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

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**ORG.: 37550101000 EO: A1**  
**FUND: 20-2-035001**  
**OBJECT: 002273**

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<b>Total Postage</b>	

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AIRS ID# 571225 1stC  
**Sent To** SIGNATURE CLEANERS  
 2020 W Brandon Blvd Suite 150  
 BRANDON, FL 33511  
*Street, Apt. No., or PO Box No.*  
*City, State, ZIP+*

PS Form 3800, June 2002 See Reverse for Instructions

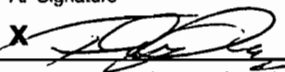
**SENDER: COMPLETE THIS SECTION**

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AIRS ID# 571225 1stC  
 SIGNATURE CLEANERS  
 2020 W Brandon Blvd Suite 150  
 BRANDON, FL 33511

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A. Signature  Agent  
   Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 2-7

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

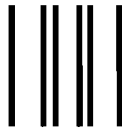
3. Service Type  
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 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
*(Transfer from service label)*

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mo-  
& Mobile Source

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437047 FEB27 2004

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4

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571223  
 MICHAEL WILSON  
 SIGNATURE CLEANERS  
 12905 LAZY PINE PLACE  
 TAMPA FL 33624

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

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 MAR 4 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

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2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

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PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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0571225001AG 10  
FLORIDA DRY CLEAN CO, INC  
2020 W Brandon Blvd Suite 150  
BRANDON, FL 33511

2 Article Number  
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7003 0500 0004 0140 7867

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Margie Fildes*  Agent  Addressee

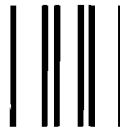
B. Received by (Printed Name) C. Date of Delivery  
*2-1-7*

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

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*[Handwritten Signature]*

Total P# ID# 571225  
Sent To MICHAEL WILSON  
SIGNATURE CLEANERS  
Street, A/ or PO Box 12905 LAZY PINE PLACE  
City, State TAMPA, FL 33624

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1 Article Addressed to:

ID# 571225  
MICHAEL WILSON  
SIGNATURE CLEANERS  
12905 LAZY PINE PLACE  
TAMPA, FL 33624

2 Article Number  
(Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Handwritten Signature]*

B. Received by (Printed Name) *[Handwritten: Karen Wilson]* C. Date of Delivery *[Handwritten: 2/13/04]*

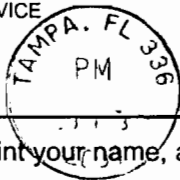
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

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T. Wilson  
12905 Lazy Pine Place  
Tampa, FL 33624



Mr. Rick Butler - Environmental Specialist  
Bureau of Air Monitoring  
Dept of Environmental Protection  
2600 Blair Stone Rd - MS-5510  
Tallahassee, FL

32399-2400



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MICHAEL F WILSON  
12905 LAZY PINE PLACE  
TAMPA FL  
33624

AIRS ID#0571225

Bureau of Air Monitoring  
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Obj.: 002273