

Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

August 2 2001

Mr. Sterling Searey Sandpiper Valet 27 Dolphin Drive Vero Beach, Florida 32963

Re: Facility No.: 0610071-002

Dear Mr. Searey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/iw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Feestard 5003 Compliance IN

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
2. Site Name (For example, plant name or number):				
2. Site Name (For example, plant name or number):				
Sandpiper Valet				
3. Hazardous Waste Generator Identification Number:				
F10 982081531				
4. Facility Location: Street Address: 3006 CArdinal Pr.				
City: Vero Beach County: Ind Riv Zip Code: 32963				
5. Facility Identification Number (DEP Use ONLY - do not fill in):				
The contract of the contract o				
Responsible Official				
6. Name and Title of Responsible Official: Name: Charling Coase 4 Title: President				
Name: Stepling Searcy Title: President				
7. Responsible Official Mailing Address:				
Organization/Firm: Street Address: 27 Polphin Prive				
Street Address: 27 Dolphio Porto City: Vero Beach County: India Rivel Zip Code: 32960				
8. Responsible Official Telephone Number:				
Telephone: (561) 569 - 10f6 Fax: (561) 569 - 0098				
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: () -				

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	.Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following informati	ion:
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")
08-Dec-91	Existing	ew RC/CA/None required	SAME
	Existing/No	ew RC/CA/None required	
·	Existing/No	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ne was purchased to units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general 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	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
3	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	: New owner: [] Did not ke	eep records: []
•		New store: [] New machin	ne []
		Unopened store [] (date of	expected opening)

3. What is the facility's source classification based or Indicate with an "X". Select one classification of				
Small Area Source				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)			
Large Area Source []				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)			
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?			
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []			
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser			
5. A facility which contains non-exempt emissions of Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	• •			
All steam and hot water generating units exempt No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:				
What type of fuel do you use? [X] propane [No. 2 fuel [No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	nation			
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 a	addition log			
(b) Leak detection inspection and repair	(X)			
(c) Refrigerated condenser temperature monitoring				
(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				
(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.

I will promptly notify the Department of any changes to the information contained in this notification.

Sterling J. Searcy

Print name of responsible official

6/27/0,

Effective: 2/24/99

BEST AVAILABLE COPY

٠	\mathcal{N}
ı	PECE V PERCHLOROETHYLENE DRY CLEANER PERCHLOROETHYLENE DRY CLEANER SUL 17 & Part III. Notification of Intent to Use General Permit. of Ac-
	PERCHLOROETHYLENE DRY CLEANER FOR GENERAL PERMIT NOTIFICATION FORM Bureau St. 1 2 Consul Bourses St. 1
Bu	The Control of Intent to Use General Permit Mobile Sources To Control of Air Monitoring
co	Prior to filling out this form, please read the instructions provided at the end of the form for your files.
Faci	lity Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ICS Group, INC.
2.	Site Name (For example, plant name or number): Ste Ave. Osyclesner S
3.	Hazardous Waste Generator Identification Number: FLD 982 081606
4.	Facility Location: 2146 5th Auc.
	Street Address:
5.	Facility Identification Number (DEP Use ONLY - do not fill in): $OO(DOTZ - OOJ)$
	Name and Title of Responsible Official:
	Name and Title of Responsible Official: 10: Sterling J. Searcy Title: President
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 27 Dolphin Pr. City: Vero Beach County: Ind. Riv. Zip Code: 32960
	Responsible Official Telephone Number: Telephone: (561) 569-1086 Fax: (561) 569-0098
Faci	lity 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	A CHANG ON		
l.(a) DRY-TO-DRY N			$\Phi(\mathcal{T}, \mathcal{T}) = \mathcal{T} \cap \mathcal{T} = \{ (\mathcal{T}, \mathcal{T}) \mid \mathcal{T} \in \mathcal{T} \}$
How many dry-to-dry n	-		and the second
For each dry-to-dry made	chine on-site, pleas	e provide the following informat	ion:
Date Initially Purchased From Manufacturer	l Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
JAN. 1996	Existing/N	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	,
A CONTRACTOR	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE	KEY: $RC = r$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MA	CHINES ONLY		
How many washers do	you have on-site?		
If the transfer machine unit. If the transfer mac 1993, it is a NEW unit	was purchased from hine was purchased (no units purchased	n the manufacturer prior to or on if the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general information:
Date Initially Purchased From Manufacturer	l 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 Existing/New	RC/CA/None required RC/CA/None required	
*CONTROL DEVICE I	Existing/New	RC/CA/None required	= carbon adsorber
	Existing/New KEY: RC = r	RC/CA/None required efrigerated condenser CA have you used within the last 12	
2.(a) How much perchl	Existing/New KEY: RC = r oroethylene (perc) ons (You must fill	RC/CA/None required efrigerated condenser CA have you used within the last 12 this in)	

New store: New machine

Unopened store [____] (date of expected opening ___

3. What is the facility Indicate with an		sification based one classification		nitions found in	section (3) of	Part II?	
Small Area	Source		. •	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		90 j.	
Tra	y-to-dry mach ansfer only on oth machine typ		(used le	ss than 140 gall ss than 200 gall ss than 140 gall	ons of perc pe	r year)	
Large Area	Source	X					
Tra	y-to-dry mach: ansfer only on- oth machine typ		(used 20	0 - 2,100 gallor 0 - 1,800 gallor 0 - 1,800 gallor	ns of perc per	year)	
4. What control tech (Indicate with an		ired on machines	pursuant	to section (5) o	f Part II of this	notification form	,
Existing ma (NONE RE	ochines at small QUIRED)	ll area source		New machines Refrigerated co		500 888	
Existing ma Carbon adso Refrigerated		area source		New machines Refrigerated co		iouro€	
5. A facility which of Rule 62-213.300, F. A exemption criteria of All steam and hot was No such units on-site. How many boilers do	A.C. Verify the rather that no such that no such that atter generating	at all steam and lunits exist on-site	hot water.	generating units	on-site meet	the following: 🔑	
For each boiler, indicate	cate its horsepo	ower (HP) rating:	الكار				
What type of fuel do	you use?	propane No. 2 fue		natural No. 4 ft	_		-
6. Equipment Monito	oring and Reco	ordkeeping Inform	mation				
Check all logs which	are required t	o be kept on-site	in accord	ance with the re	equirements of	this general permi	t:
(a) Purchase receipts	and solvent p	urchases/solvent	addition lo	og	\mathcal{L}		
(b) Leak detection in	spection and r	epair			(X)		
(c) Refrigerated cond	denser tempera	ture monitoring			(X)		
(d) Carbon adsorber	exhaust perc c	oncentration mor	nitoring				
(e) Startup, shutdow	n, malfunction	n plan	:	un territoria.			
		a post y had	J. March				

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. Stephane Signature Date



Jeb Bush Governor

Department of Environmental Protection

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 29, 2001 OUL 1 7 2001 Ou of Air Monitoring Mobile Sources

David B. Struhs
Secretary

Mr. Sterling Searcy 5th Avenue Dry Cleaners 27 Dolphin Drive Vero Beach, Florida 32960

Dear Mr. Searcy:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that 5th Avenue Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0610072). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

RECEIVED



JUL 1 7 200 PERCHLOROETHYLENE DRY CLEANER

AIR GENERAL PERMIT NOTIFICATION FORM

Bureau ct A.r 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. completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location				
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	SANdpiper Dry Cleaners, INC.			
2.	Site Name (For example, plant name or number):	•		
	Sandpiper Valet			
3.	Hazardous Waste Generator Identification Number:			
	FLD 982081531			
4.	Facility Location: Street Address: 3006 CArdiNAI Pr.			
	City: Vero Beach County: Ind Riv Zip Code: 32963			
5	Facility Identification Number (DEP Use ONLY - do not fill in):			
		1		
	Chief and the company of the control of the CO7.1-002-11.5	8		
	onsible Official .			
6.	Name and Title of Responsible Official:			
Nar	Sterling Scare			
7.	Responsible Official Mailing Address:			
	Organization/Firm: Street Address: 27 Delphiw Pr.	1		
	City: Vero Beach County: Ind Ris Zip Code: 32960			
8.	Responsible Official Telephone Number:	٦		
	Telephone: (561)569-1076 Fax: (561)569-0098			
Fac	lity Contact (If different from Responsible Official)			
	Name and Title of Facility Contact (For example, plant manager):	٦		
10.	Facility Contact Address:	1		
	Street Address:			
	City: County: Zip Code:			
		1		
11.	Facility Contact Telephone Number:			
	Telephone: () - Fax: () -	1		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information	The State of the Control		
1.(a) DRY-TO-DRY MA			
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n: ·
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")
08-Dec-91	ExistingNev	RC/CA/None required	sane
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo			•
How many dryers/reclaim	ners do you have or	n-site?	operation of the second
If the transfer machine w	as purchased from	the manufacturer prior to or on I	December 9, 1991, it is an EXISTING
1993, it is a NEW unit (n	o units purchased	after September 22, 1993 are allo please provide the following info	December 9, 1991 and September 22, wed to operate under this general ormation:
1993, it is a NEW unit (n	o units purchased	after September 22, 1993 are allo	December 9, 1991 and September 22, wed to operate under this general
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	o units purchased er machine on-site	after September 22, 1993 are allo please provide the following info Control Device Required*	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	Status (circle one) Existing/New	after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	o units purchased er machine on-site Status (circle one) Existing/New Existing/New	after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	o units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New	after September 22, 1993 are allowing information please provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allowing information please provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	Status (circle one) Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allowing information provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA =	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allowing information of please provide the following information of the fo	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
*CONTROL DEVICE KI 2.(a) How much perchlor (b) If less than 12 more	Existing/New	after September 22, 1993 are allowing information of please provide the following information of the fo	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber conths?
*CONTROL DEVICE KI 2.(a) How much perchlor (b) If less than 12 more	Existing/New	after September 22, 1993 are allowing information provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = the sequence of the sequ	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?

What is the facility's source classificationIndicate with an "X". Select one class		definitions found in section (3)	of Part II?
Small Area Source	(X)	·	
Dry-to-dry machines onl Transfer only on-site Both machine types on-s	(used	d less than 140 gallons of perc d less than 200 gallons of perc d less than 140 gallons of perc	per year)
Large Area Source			·
Dry-to-dry machines onl Transfer only on-site Both machine types on-s	(used	d 140 - 2,100 gallons of perc ped 200 - 1,800 gallons of perc ped 140 - 1,800 gallons of perc pe	er year)
4. What control technology is required on (Indicate with an "X".)	machines pursu	ant to section (5) of Part II of the	his notification form?
Existing machines at small area s (NONE REQUIRED) []	ource	New machines at small are Refrigerated condenser	a source
Existing machines at large area so Carbon adsorber [] Refrigerated condenser []	<u>ource</u>	New machines at large are Refrigerated condenser	a source
5. A facility which contains non-exempt e Rule 62-213.300, F.A.C. Verify that all st exemption criteria or that no such units ex	eam and hot wa	ter generating units on-site med	et the following
All steam and hot water generating units e No such units on-site	xempt	☐ OR ☐	
How many boilers do you have on-site?	\Box		
For each boiler, indicate its horsepower (H	(P) rating: [10	الالالا	
What type of fuel do you use?	propane No. 2 fuel oil No. 6 fuel oil	natural gas Other (please list)	
6. Equipment Monitoring and Recordkeep	ing Information		,
Check all logs which are required to be ke	pt on-site in acc	ordance with the requirements	of this general permit:
(a) Purchase receipts and solvent purchase	s/solvent additio	on log X	
(b) Leak detection inspection and repair		(X)	
(c) Refrigerated condenser temperature mo	onitoring	· (X)	
(d) Carbon adsorber exhaust perc concentr	ation monitorin	g	
(e) Startup, shutdown, malfunction plan			

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. Sterling I. Searcy Print name of responsible official

7. Surrender of Existing DEP Air Permit(s)



leb Bush Governor

Department of **Environmental Protection**

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

June 29, 2001



David B. Struhs Secretary

Mr. Sterling Searcy Sandpiper Valet 27 Dolphin Drive Vero Beach, Florida 32960

Dear Mr. Searcy:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Sandpiper Valet elected to surrender its existing Title V air general permit (AIRS ID 0610071). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 444433 JAM12 2865

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

TOTAL AMOUNT DUE: \$50.00

AIRS ID# 610071 10
SANDPIPER VALET
3006 Cardinal Dr
VERO BEACH, FL 32963

Printed on recycled paper.

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

457256 DEC23 2895 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

610071 10 SANDPIPER VALET 3006 Cardinal Dr VERO BEACH, FL 32963 FLAIR ACCT. CODE 372020350015755010000 BENIFITTING OBJECT CODE 0020007 BENIFITTING CATEGORY,000300

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



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

610071 STERLING SEARCY SANDPIPER VALET 27 DOLPHIN DRIVE VERO BEACH FL 32960 FOR GOVERNMENT USE ONLY Org.: 37550101000 FEO: A1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420774 DEC172902

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

SANDPIPER VALET STERLING J SEARCY 27 DOLPHIN DRIVE VERO BEACH FL 32960

AIRS ID#0610071

FOR GOVERNMENT USE ONLY Org.: 37550101000 \$600A1

Fund: 20-2-035001 Obj.: 002273

.....

SANDPIPER DRY CLEANERS, INC.

Department of Environmental Protection

Date 12/12/2002 Type Bill

Reference

Original Amt. 50.00 12/13/2002

Balance Due Discount 50.00

Check Amount

Payment 50.00

5641

50.00

Bank of America

AIRS ID# 0610071

Sandpiper Drycleaners Inc 3006 Cardinal Dr Vero Beach, FL 32963-1917 13 DEC

50.00

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412204 DEC242001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0610071 SANDPIPER VALET STERLING J SEARCY 27 DOLPHIN DRIVE VERO BEACH FL 32960

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

SANDPIPER DRY CLEANERS, INC.

Department of Environmental Protection 12/20/2001

Bill#

12/20/2001

50.00

5062

Bank of America

AIRS ID 0610071



Sandpiper Drycleaners Inc 3006 Cardinal Dr Vero Beach, FL 32963-1917 50.00 S PM 80 21 DEC 200\

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