

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 31 2001

Mr. Dallas R. Duncan
A-1 Cleaners
2800 South Bay Street
Eustis, Florida 32726

Re: Facility No.: 0694809-002

Dear Mr. Duncan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

0694809-002

P¹⁵ (a) Add Date Control Device Installed. If
some as purchase date, add Some.

P¹⁶ (e) Required

P¹⁷ Responsible official sign and date
for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

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>Dallas R. Duncan</i>
2. Site Name (For example, plant name or number): <i>A-1 Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 084728641</i>
4. Facility Location: Street Address: <i>2800 S. Bay St.</i> City: <i>Eustis</i> County: <i>Lake</i> Zip Code: <i>32726</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0694809-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Dallas R. Duncan</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>A-1 Cleaners</i> Street Address: <i>2800 S. Bay St.</i> City: <i>Eustis</i> County: <i>Lake</i> Zip Code: <i>32726</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 357-5565</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Same</i>
10. Facility Contact Address: Street Address: <i>Same</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: <i>(352) 357-5565</i> 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")
10/16/96	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0694809
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

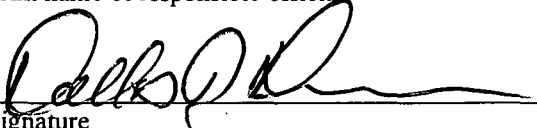
RECEIVED
JUN 19 2001
Department of Air Monitoring
& Mobile Sources

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.

Dallas R. Duncan
Print name of responsible official


Signature

6/12/01
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL - 2 2001

Bureau of Air Monitoring
& Mobile Sources

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_____	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> 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?

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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/None required	_____
_____	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> 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? 1

For each boiler, indicate its horsepower (HP) rating: 10

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

0694809



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

RECEIVED JUN 19 2001
Department of Air Monitoring
& Mobile Sources

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.

Dallas R. Duncan

Print name of responsible official

Signature

6/12/01
Date

6/28/01

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.

435808 JAN 29 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

694809
DALLAS DUNCAN
A-1 CLEANERS
2800-A S BAY STREET
EUSTIS FL 32726

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

RECEIVED
FEB 2 2004
Bureau of Air Monitoring
& Mobile Sources

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

444186 JAN 7 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 694809 10
A-1 CLEANERS
2800-A S Bay St
EUSTIS, FL 32726

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

RECEIVED
JAN 11 2005
Bureau of Air Monitoring
& Mobile Sources

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

458216 JAN 19 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

694809 10
A-1 CLEANERS
2800-A S Bay St
EUSTIS, FL 32726

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

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

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JAN 19 2006
Bureau of Air Monitoring
& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421575 JAN10 2003

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

A-1 CLEANERS
DALLAS R DUNCAN
2800-A S BAY STREET
EUSTIS FL
32726

AIRS ID#0694809

FOR GOVERNMENT USE ONLY
Org.: 37559101000 EO: AD
Fund: 20-23035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services

JAN 16 2003

RECEIVED

X

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

7000 0600 0026 4128 7652

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
Here

AIRS ID # 0694809

Recd A-1 CLEANERS
Street DALLAS R DUNCAN
City 2800-A S BAY STREET
 EUSTIS FL
 32726

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0694809

A-1 CLEANERS
 DALLAS R DUNCAN
 2800-A S BAY STREET
 EUSTIS FL
 32726

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Dallas Duncan 2-9-02

C. Signature

Dallas Duncan Agent
 Addressee

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.

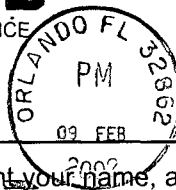
4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

7000 0600 0026 4128 7652

STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box.

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 ELAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2002

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414642 FEB28 2002 ~~1X~~

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 # 0694809
A-1 CLEANERS
DALLAS R DUNCAN
2800-A S BAY STREET
EUSTIS FL
32726

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