

# Department of Environmental Protection

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

David B. Struhs Secretary

October 22, 2001

Mr. Walter M. Johnson Johnson's Cleaners 101 West North Boulevard Leesburg, Florida 34748

Re: Facility No.: 0694815-002

Dear Mr. Johnson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 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

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

Printed on recycled paper.

Fres Paid 96-00 300 Compliance IN

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#### **Bowman, Sandy**

From:

Kahlbaum, Dana

Sent:

Thursday, March 02, 2006 9:32 AM

To:

Bowman, Sandy

Cc:

Rice, Rodell; Shine, Caroline; Kozlov, Leonard

Subject:

**Dry Cleaner Closed** 

Hey Sandy,

I visited a DC yesterday that was closed.....the signs on the door said, "CLOSED, We are Retiring" It was Johnson's Cleaners - AIRS ID# 0694815

101 W. North BLVD, Leesburg, FL 34748

I assumed you need to reset a status to closed? Let me know if you need any other information or I need to follow up with something. Thanks, have a nice day, Dana

Dana Bean Kahlbaum FL Dept. of Environmental Protection Engineer, Air Resource Management 3319 Maguire Blvd. Suite 232 Orlando, FL 32803-3767 phone: (407) 893-3333, ext. 2369 fax: (407) 897-5963 page 15
1(a) None Required should be circled under
Control Device Required for existing small
Sources.
Date Control Device Installed should be
Heart for existing Small sources.

Page 16
4. Existing machines at small ared source should be marked.

(s.(e) Required for all sources. Should be marked page 17

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:	COMMENTS:			
SECRETARY'S SIGNATURE				
DIV/DIST DIR SIGNATURE	-34			
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				
FROM:	DATE: PHONE:			

# RECEIVED SEP 20 2111

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Sureau of Air Monitoring

Representation of Intent to Use General Permit

Sources

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. Fac	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
W	ALTER M. JOHNSON						
2. Site	Name (For example, plant name or number):						
Jo	HNSON'S CLEANERS						
3. Haz	zardous Waste Generator Identification Number:						
	FL 0079203568						
4. Fac	ility Location:		,	····			
1	eet Address: 101 W. NORTH BLUD		7:- 0-1-	24 2404			
City	County: LAKE	•	Zip Code:	34748			
5. Fac	ility Identification Number (DEP Use ONLY - do not fill in):						
¥	The state of the s	144	315-	000			
				<u> </u>			
	sible Official						
	ne and Title of Responsible Official:						
Name: (	WALTER M. JOHNSON Title:	OWN	ピル 				
7. Res	ponsible Official Mailing Address:						
Org	anization/Firm: TOHUSON'S CLEANERS		*				
City	eet Address: 101 W. NORTH BLVD.  County: LAKE  County: LAKE		Zin Code:	34748			
	The Espains						
	ponsible Official Telephone Number:						
Tele	ephone: (362-) 787 - 9658 Fax:	(	) -				
	Contact (If different from Responsible Official)		<del>_</del> _	· · · · · · · · · · · · · · · · · · ·			
9. Nan	ne and Title of Facility Contact (For example, plant manager):						
	SAME						
10. Fac	ility Contact Address:						
Stre	eet Address:						
City			Zip Code:				
	ility Contact Telephone Number:		`				
l ele	ephone: ( ) - Fax:	(	, -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") SAME Existing/New (RC)CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New \*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: Control Device Required\* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New Existing/New RC/CA/None required

\*CONTROL DEVICE KEY:

RC = refrigerated condenser

RC/CA/None required

CA = carbon adsorber

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

[ 70 ] gallons (You must fill this in)

Existing/New

(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 \_\_\_\_\_)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source c Indicate with an "X". Selection		n the definitions found in section (3) of Part II? only.)				
Small Area Source						
Dry-to-dry ma Transfer only Both machine		(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 ma Transfer only Both machine		(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 re (Indicate with an "X".)	quired on machines	pursuant to section (5) of Part II of this notification form?				
Existing machines at si	nall area source	New machines at small area source				
(NONE REQUIRED)		Refrigerated condenser [ **\frac{1}{2}				
Existing machines at la 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 generat No such units on-site	ing units exempt	□ ★ OR				
How many boilers do you have o	on-site?					
For each boiler, indicate its hors	epower (HP) rating:					
What type of fuel do you use?	propane No. 2 fue					
6. Equipment Monitoring and R	ecordkeeping Inforr	nation				
Check all logs which are require	d to be kept on-site	in accordance with the requirements of this general permit:				
(a) Purchase receipts and solven	t purchases/solvent	addition log				
(b) Leak detection inspection an	d repair					
(c) Refrigerated condenser temp	erature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunc	ion plan	· . []				
•						

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Please indicat	
	e 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
this notif	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 co	orporation, agency	, or individ	ual owner):	
WALTER M. JOHNSON		<u> </u>		
2. Site Name (For example, plant name or numl	ber):			
Till Ol				•
JOHNSON'S CLEANERS	<del></del>			
3. Hazardous Waste Generator Identification No	ımber:			
FL0079203568				
4. Facility Location:				
Street Address: 101 W. NORTH B	LUD			
City: LEESBURY Coun	ity: LAKE		Zip Code:	34748
1				
5. Facility Identification Number (DEP Use ON	LY - do not fill in	i): 1	Historia († 1864)	ing die Frankling f
	$\mathcal{D}'$	COUL	217	000
	$\mathcal{V}\mathcal{U}$	2116	<b>) じい</b>	
Responsible Official				
6. Name and Title of Responsible Official:			, 	
Name: WALTER M. JOHNSO	<b>D</b> Ti	tle: Own	) F/C	
7 Personalita Official Mailing Address	<del></del>		<del></del>	<del> </del>
7. Responsible Official Mailing Address: Organization/Firm: プロドルSのU'S CLE	= 14 N 11 = 12 S	•		
Street Address: 101 W. North	131 N.D.			
City: Le course County	LAKE		Zip Code:	34748
City: LEESBURG County:	27576		zip code.	
8. Responsible Official Telephone Number:				. ,
Telephone: (362 ) 787 - 9658	Fa	x: (	) -	
Facility Contact (If different from Responsible				
9. Name and Title of Facility Contact (For exan	nple, plant manag	er):		
SAME				
10. Facility Contact Address:				
Street Address:		•		
			Zip Code:	
City: County:	•		Zip Coue.	
11. Facility Contact Telephone Number:			<del> </del>	
Telephone: ( ) -	Fa	x: (	) -(	CL
Telephone. ( )		<i></i> (	/ Heads	Ē
<del></del>			<u></u>	OCT - 1 200 au of Air Monitoring Mobile Sources
			>	200 Aonita
DEP Form No. 62-213.900(2)	14		Comme	S S
Effective: 2/24/99			LL.	J A E
			•	Mot Mot
			<u> </u>	, <u>o</u> ad

Facility Information			
1.(a) DRY-TO-DRY MA	CHINES ONL		
• •			and the training of the
How many dry-to-dry ma	-	•	Total South Butter
		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")
1-31-91	Existing/Ne	w (RC)CA/None required	SAME
<u>.</u>	Existing/Ne	w RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Existing/Ne	w. RC/CA/None required	روان الم <del>راق المراسطة المستحدد المستحد</del>
*CONTROL DEVICE KI	EY: $RC = re$	efrigerated condenser CA = c	arbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	<u>[</u> ]	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	as purchased from ne was purchased o units purchased	the manufacturer prior to or on De	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
-	Existing/New	RC/CA/None required	·
*CONTROL DEVICE KI	EY: $RC = re$	efrigerated condenser CA = c	arbon adsorber
	oethylene (perc)	have you used within the last 12 mo	nths?
(b) If less than 12 mor		·	en e

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 Indicate with an	y's source classificati "X". Select one clas		definitions found in s	ection (3) of Par	t II?
Small Area	Source		· : .		27 14 193m
Tra	y-to-dry machines on ansfer only on-site th machine types on-	(use	d less than 140 gallor d less than 200 gallor d less than 140 gallor	s of perc per ye	ar)
Large Area	Source				
Tra	y-to-dry machines on ansfer only on-site th machine types on-	(use	d 140 - 2,100 gallons d 200 - 1,800 gallons d 140 - 1,800 gallons	of perc per year	r)
4. What control techn (Indicate with an		machines pursu	ant to section (5) of l	Part II of this no	tification form?
Existing ma (NONE REC	chines at small area QUIRED) [	source ]	New machines a Refrigerated con		_
Existing ma Carbon adso Refrigerated	<u> </u>	source ] ]	New machines a Refrigerated con		r <u>ce</u> J. v.,
5. A facility which of Rule 62-213.300, F.A exemption criteria or	A.C. Verify that all s	steam and hot wa	ter generating units of	on-site meet the	
All steam and hot wa No such units on-site		exempt [	<b>⊆</b> OR		
How many boilers do	you have on-site?		·	•	•
For each boiler, indicate	cate its horsepower (	HP) rating: [	لكالمال	•	
What type of fuel do	you use? [	] propane ] No. 2 fuel oil ] No. 6 fuel oil	natural g No. 4 fue Other (pl	l oil	
6. Equipment Monito	oring and Recordkee	ping Information	ı		
Check all logs which	are required to be k	ept on-site in acc	ordance with the req	uirements of thi	s general permit:
(a) Purchase receipts	and solvent purchas	es/solvent addition	on log		
(b) Leak detection in	spection and repair				
(c) Refrigerated cond	denser temperature m	nonitoring			
(d) Carbon adsorber	exhaust perc concen-	tration monitorin	g		· . • •
(e) Startup, shutdow	n, malfunction plan	and the same of			ray r

DEP Form No. 62-213.900(2) Effective: 2/24/99

## 7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: w.I.

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.

WALTER M. JOHNSON Print name of responsible official

walter m.



# Department of Environmental Protection

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

David B. Struhs Secretary

September 20, 2001

Mr. Walter M. Johnson Johnson's Cleaners 101 West North Boulevard Leesburg, Florida 34748

Dear Mr. Johnson:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 20.

In reviewing your submittal, it was noted that Johnson's Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0694815). 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 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

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.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 694815 10 JOHNSON'S CLEANERS 101 West North Blvd LEESBURG, FL 34748

FOR GOVERNMENT USE ON ORG.: 37550101000 EO: A1 FUND: 20-2-035001

**OBJECT: 002273** 

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434807 DEC29 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

694815 WALTER JOHNSON JOHNSON'S CLEANERS 101 W MORTH BLVD LEESBURG FL 34748

UCS 120031 FOR GOVERNAIENT, USE ONLY Org.: 37550101600 EO: A1
Fund: 20-2-035001

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** 

420701 DEC16 2002

Do NOT Remove Label

JOHNSON'S CLEANERS WALTER M JOHNSON 101 W NORTH BLVD LEESBURG FL 34748

AIRS ID#0694815

FOR GOVERNMENT USE ONLY

Qrg.: 37550101000 EO: A1

und: 20-2-035001 Obj.: 002273

Johnson's Cleaners 101 W. North Blvd. Leesburg, FL 34748



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

32315+3070 99

A12948 DEC212001 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 # 0694815
JOHNSON'S CLEANERS
WALTER M JOHNSON
101 W NORTH BLVD
LEESBURG FL
34748

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