

Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

October 10, 2001

Mr. Robert T. Kennedy, Jr. Ambassador Cleaners of Lake County 850 East Montrose Street Clermont, Florida 34711

Re: Facility No.: 0694818-002

Dear Mr. Kennedy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 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.

Fees Paid 96-00 60C 5 Compliance IN page 15
(a) New should be circled under
Status.

page 16
4. New machines at small area source
should be marked.

6(e) Required for all sources.

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				
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:			

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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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.	1. Facility, Owner/Company Name (Name of corporation, agency, or individual owner):			
P	Panhassador Cleavers of	LAK	e County	
2.	Site Name (For example, plant name or number):			
			·	
3.	Hazardous Waste Generator Identification Number:			
4.	Facility Location: Street Address: 850 E. montpose 5t.			
	Street Address: 850 E. MONTROSE City: ClermonT, FL. County: LAN	ke	Zip Code: 347//	
5.	Facility Identification Number (DEP Use ONLY - do not fi	ll in):		
		069	4818-002	
	ponsible Official			
	Name and Title of Responsible Official:			
Nar	Responsible Official Mailing Address: Organization/Firm:	Title:	resident	
7.	Responsible Official Mailing Address:			
	Organization/Firm: Street Address: 850 E. Mostnose St.	,		
	City: Clenmont pl. County: Lake		Zip Code: 347//	
	<u></u>			
8.	Responsible Official Telephone Number:			
	Telephone: (352) 394-6160	Fax: (35-2) 394-5701	
	cility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant ma	nager):		
10.	Facility Contact Address:			
	Carra Address			
	Street Address: City: County:		Zip Code:	
	City.		Zip Code.	
11.	Facility Contact Telephone Number:			
	Telephone: () -	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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 995 Existing/New (RC/CA/None required 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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 KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [97/L] 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

DEP Form No. 62-213.900(2)

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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 [] 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 No such units on-site OR				
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [ZO] []				
What type of fuel do you use? [] propane [] No. 2 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				

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

7. Surrender o	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. Print name of responsible official Signature Date				

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

10

694818

AMBASSADOR CLEANERS OF LAKE

COUNTY

850 E Montrose St

CLERMONT, FL

34711

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200**

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

444155 JAN 62005

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# 694818 AMBASSADOR CLEANERS OF LAKE **COUNTY**

850 E Montrose St CLERMONT, FL 34711

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

434132 DEC112003

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

694818 ROBERT KENNEDY AMBASSADOR CLEANERS OF LAKE COUNTY

850 E MONTROSE STREET CLERMONT FL 34711

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO; A1

Fund: 20-2-035001

Obj.: 002273

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

420537 DEC12 2002 Bureau of Air Mon

Mobile Sou

Do NOT Remove Label

AIRS ID#0694818

AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT T KENNEDY 850 E MONTROSE STREET CLERMONT FL 34711

FOR GOVERNMEN BUSE ON S Fund: 20-2-035001

Obj.: 002273

Fo J

AMBASSADOR CLEANERS OF LAKE COUNTY 850 E. Montrose Street Clermont, FL 34711



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

32313+3070

haladdinallihaadddaaladdaaladdinallad

#12296 DEC24281

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 # 0694818
AMBASSADOR CLNERS OF LAKE CNTY
ROBERT T KENNEDY

850 E MONTROSE STREET CLERMONT FL

34711

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Org.: 37550101000 EO: A Fund: 20-2-035001

Obj.: 002273