

Department of Environmental Protection

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

David B. Struhs Secretary

August 17, 2001

Mr. Peter D. Ferragi Peter's Classic Cleaners 4199 Palm Beach Boulevard Ft. Myers, Florida 33916

Re: Facility No.: 0710136-002

Dear Mr. Ferragi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 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. Sherrill Culliver, South District

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

Fees Paid
50C 1
Complianc IN

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

RECEIVE AND THE 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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

	PETER D. FERRAGI					
2.	Site Name (For example, plant name or number):					
	PETER'S CLASSIC CLEHNERS INC.					
3.	Hazardous Waste Generator Identification Number:					
	6710136 FLD 98/85991	15				
4.	Facility Location: Street Address: 4199 PALM BEACH BLU	14.				
	City: FT MYIZUS County: LEE		Zip Code: 33916			
5.	Facility Identification Number (DEP Use ONLY - do not fill	in):				
		0111	9136-002			
-	055					
	sponsible Official Name and Title of Responsible Official:					
1.		Title: PRE				
	ne: PETER O, FERRHO-i	Time. PK2	5 ·			
7.	Responsible Official Mailing Address:	1600				
	Organization/Firm: PETERS CLASSIC CLEAR Street Address: 4199 PALM BEACH BLUL.	112/62				
	City: FT LAY BKS County: L1212		Zip Code: 339/6			
8.	Responsible Official Telephone Number:	_				
	Telephone: (941) 644-3557	Fax: (94/	1694 - 3557			
<u> </u>						
	cility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant man	ager):				
10.	Facility Contact Address:					
}	Street Address					
	Street Address: City: County:		Zip Code:			
	County.					
11.	Facility Contact Telephone Number:					
	Telephone: () -	Fax: () -			
L						

DEP Form No. 62-213.900(2)

Facility Name and Location

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 mach	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")			
Feb. 1993	Existing	ew RCCA/None required	SAME			
	Existing/No	ew RC/CA/None required				
	Existing/No	ew RC/CA/None required	·			
*CONTROL DEVICE KI	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/reclaim	iers 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/New	RC/CA/None required				
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·			
	Existing/New	RC/CA/None required				
*CONTROL DEVICE KI	EY: RC = r	efrigerated condenser CA =	carbon adsorber			
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12 m	nonths?			
	ns (You must fill	-				
(b) If less than 12 mor	oths how many?	[] months				
• •	•	:: New owner: Did not kee	n records: []			
		New store: New machine				
		Unopened store [] (date of				

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 [X]					
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 [X]					
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 No such units on-site OR					
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating: [15] []					
What type of fuel do you use? No. 2 fuel oil No. 4 fuel oil Other (please list) 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)

7. Surrender o	of Existing DEP Air Permit(s)
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 notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. 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 the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	e of responsible official
Signature	20 Ferragi 7/12/01

PERCHLOROETHYLENE DRY CLEÄNER AIR GENERAL PERMIT NOTIFICATION FOR

Part III. Notification of Intent to Use General Permit

L'E (1) 6 2001 Monitorino de 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.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	PETER D. FERRAGI		<u></u>		
2.	Site Name (For example, plant name or number):				
	PETER'S CLASSIC CLEHNERS INC.				
3.	Hazardous Waste Generator Identification Number:				
`	6710136 FLD 98/8599	45			
4.	Facility Location: Street Address: 4199 PALM BEHCH BL	Ud.			•
	City: FT MY/=125 County: LEE	•		Zip Code:	33916
5.	Facility Identification Number (DEP Use ONLY - do not fil				
)1//L	2136	+000 -
Res	sponsible Official				
	Name and Title of Responsible Official:		<u> </u>		
Nar	Name: PETER O, FERRAC-I Title: PRES.				
7.	Responsible Official Mailing Address:	11 ER	<u> </u>		
7.	Responsible Official Mailing Address: Organization/Firm: PETERS CLASSIC CLEASTER Address: 44 80 PALM DEACH BLUL.	HER	S		
7.	Responsible Official Mailing Address: Organization/Firm: PETERS CLASSIC CLEASTERS Address: 4199 PALM BEACH BLUL. City: PTMYBKS County: LIZIZ	HER	S	Zip Code:	339/6
7.	Organization/Firm: PETER'S CLASSIC CLEAR Street Address: 41 44 PALM BEACH BLUL. City: FT MYBUS County: L1212 Responsible Official Telephone Number:				
	Organization/Firm: PETER'S CLASSIC CLEASTREE Address: 41 99 PALM BEACH BLUL. City: FT MYBKS County: LIZIZ				339/6 3557
8.	Organization/Firm: PETER'S CLASSIC CLEAR Street Address: 41 44 PALM BEACH BLUL. City: FT MYBUS County: L1212 Responsible Official Telephone Number:				
8.	Organization/Firm: PETER'S CLASSIC CLEASTREE Address: 41 99 PALM BEACH BLUL. City: PTLAYBL'S County: LIZIZ Responsible Official Telephone Number: Telephone: (941) 644-3557	Fax:	(941		
8.	Organization/Firm: PETER'S CLASSIC CLEASTREE Address: 41 99 PALM BEACH BLUL. City: FT MYBK'S County: LIZIZ Responsible Official Telephone Number: Telephone: (941) 644-3557 Cility Contact (If different from Responsible Official)	Fax:	(941		
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Fac 9.	Organization/Firm: PETER'S CLASSIC CLEAR Street Address: 41 44 PALM BEACH BLUL. City: PTLAYBL'S County: LIZIZ Responsible Official Telephone Number: Telephone: (941) 644-3557 cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man) Facility Contact Address: Street Address: City: County:	Fax:	(941		
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DEP Form No. 62-213.900(2)

Facility Name and Location

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For each dry-to-dry mach	nine on-site, pleas	e provide the following informati	on:
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Feb. 1993	Existing	ew RCCA/None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	e i <u>e e e e e e e e e e e e e e e e e e</u>
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	= carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
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3. What is the facility's source class Indicate with an "X". Select of			found in section (3) of Par	t II?
Small Area Source	u [X]	Variable San	ชามหญายโดยเสมันในปาชาศูลิกิจจา	egit to the asset
Dry-to-dry mach Transfer only on Both machine ty	· ·	(used less than	140 gallons of perc per ye 200 gallons of perc per ye 140 gallons of perc per ye	ar)
Large Area Source	· []			
Dry-to-dry mach Transfer only on Both machine ty		(used 200 - 1,80	00 gallons of perc per year 00 gallons of perc per year 00 gallons of perc per year	r)
4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to secti	on (5) of Part II of this no	tification form?
Existing machines at sma (NONE REQUIRED)	ll area source		erated condenser	
Existing machines at larg Carbon adsorber Refrigerated condenser	e area source		achines at large area sour erated condenser [J ·
5. A facility which contains non-e Rule 62-213.300, F.A.C. Verify th exemption criteria or that no such All steam and hot water generating No such units on-site	nat all steam and l units exist on-site	units shall not be hot water generate (see attached me	ing units on-site meet the mo for the criteria):	l permit pursuant to following the little
How many boilers do you have on-	site?			
For each boiler, indicate its horsep	ower (HP) rating:	: <u>U</u> \$1		
What type of fuel do you use?	propane No. 2 fue No. 6 fue	el oil	natural gas No. 4 fuel oil Other (please list)	·
6. Equipment Monitoring and Rec	ordkeeping Infort	mation	•	`
Check all logs which are required	to be kept on-site	in accordance wi	th the requirements of thi	s general permit:
(a) Purchase receipts and solvent p	ourchases/solvent	addition log		
(b) Leak detection inspection and	repair	•	[大]	
(c) Refrigerated condenser temperated	ature monitoring			
(d) Carbon adsorber exhaust perc	concentration mor	nitoring		
(e) Startup, shutdown, malfunction	n plan		بكاي	
	elistata maa ilijiji.			
Community Burst to het saxs				

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 O710136 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. PETER D. FERRAGI Print name of responsible official Signature Date



Governor

Environmental Protect Twin Towers Office Building

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

Department of

July 17, 2001



Mr. Peter D. Ferragi Peter's Classic Cleaners, Inc. 4199 Palm Beach Boulevard Ft. Myers, Florida 33916

Dear Mr. Ferragi:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 16.

In reviewing your submittal, it was noted that Peter's Classic Cleaners, Inc., elected to surrender its existing Title V air general permit (AIRS ID 0710136). 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

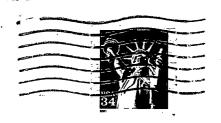
cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

PETER'S CLASSIC CLEANERS, INC. 4199 PALM BEACH BLVD. FT. MYERS, FL 33916





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Dept of Environt Ratiolia
3600 Blair Stands.
71 Land Fl 32399

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436568 FEB192004

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

ID#710136 PETER FERRAGI PETER'S CLASSIC CLEANERS 4199 PALM BEACH BLVD FT MYERS, FL 33916

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443388 DEC162004

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 AIRS ID# 710136 PETER'S CLASSIC CLEANERS 4199 Palm Beach Blvd FT MYERS, FL 33916

OO OR CE LAND TO THE MANUEL STATE OF THE STA FOR GOVERNMENT USE ONLY ORG.: 37550201000 EO: A1

OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456944 DEC19 2005

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 710136 PETER'S CLASSIC CLEANERS 4199 Palm Beach Blvd 33916 FT MYERS, FL

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**

Printed on recycled paper.

9592	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
5650	For delivery information visit our website at www.usps.com.
0003	Certified Fee Return Reclept Fee (Endorsement Required)
1260	Restricted Delivery Fee (Endorsement Required)
7003 2	Total Postage & ID# 710136 PETER FERRAGI Sent TO PETER'S CLASSIC CLEANERS 4199 PALM BEACH BLVD
	or PO Box No. FT MYERS, FL 33916 City, State, ZiP+4 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature Agent Agent
ID# 710136 PETER FERRAGI PETER'S CLASSIC CLEANERS 4199 PALM BEACH BLVD FT MYERS, FL 33916	3. Service Type Certified Mail Express Mail
1 1111213,12 33910	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1	4. Restricted Delivery? (Extra Fee)
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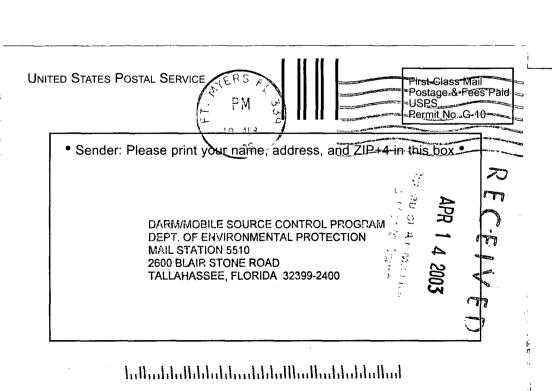
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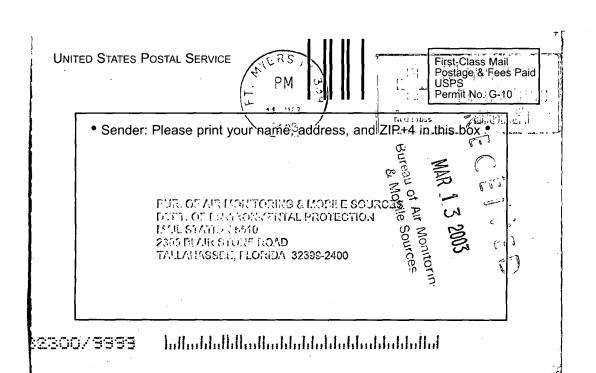
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the revers so that we can return the card to you. ■ Attach this card to the back of the mailpied or on the front if space permits. 1. Article Addressed to: AIRS ID#071013 PETER'S CLASSIC CLEANERS PETER D FERRAGI 4199 PALM BEACH BLVD FT MYERS FL 33916	C. Signature Ce, Ce, D. Is delivery address different from item 1? D. Is delivery address different from item 1? D. Is delivery address below:
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HE RETURN ADDRESS, FOLD AT DOTTED LINE STICKER AT TOP OF ENVELOPE TO THE RIGHT SENDESS, FOLD AT DOTTED LINE STICKER AT TOP OF ENVELOPE TO THE RIGHT	L±0 OV1d SECTION ON DELIVERY	
 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#0710136 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
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Obj.: 002273

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7000	FT MYERS FL City, 33916		
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
AIRS ID#0710136 PETER'S CLASSIC CLEANERS PETER D FERRAGI 4199 PALM BEÄCH BLVD	,	
FT MYERS FL 33916	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
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