

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Jeff Kottkamp

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

August 22, 2008

Ms. Tammy Dierksheide Wiltshire Cleaners 2017 Monroe Street Fort Myers, Florida 33901

Re: Facility No.: 0710137-004

Dear Ms. Dierksheide:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 21, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Sherrill Culliver, South District

Insp. INS-2-compliance Inspection Walthrough - 7/17/2008 - MNC INSP-Let Co-SD-S Culliver



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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Strang Tx in Marchines To	
2. Site Name (For example, plant name or number):	
l F V	
Wiltshire cleaners	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 2017 Monroe ST.	
Street Address:	
City: FT. MYERS FL County: LEE Zip Code: 3390	<i>!</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
	VV
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Jammy Dierksheide Title: President	
7 70 111 000 1114 111 4 11	
Organization/Firm: STRONG TOWER VENTURES, INC.	
Street Address: 2017 Phonroe ST.	
Organization/Firm: STRONG TOWGR VANTURES, STRONG TOWGR TOWGR VANTURES, STRONG TOWGR	
Street Address: 2017 Phonoe ST. City: Fr. M4FR County: LEE Zip Code: 3870/ 8. Responsible Official Telephone Number:	
Street Address: 2017 Phonoe ST. City: Fr. M4FR County: LEE Zip Code: 3870/ 8. Responsible Official Telephone Number:	
Street Address: 2017 Phonoe ST. City: Fr. M4FR County: LEE Zip Code: 3870/ 8. Responsible Official Telephone Number:	
Street Address: 3017 Phones ST. City: FT. M4FR3 County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094	
Street Address: 2017 Phonoe ST. City: Fr. M4FR County: LEE Zip Code: 3870/ 8. Responsible Official Telephone Number:	
Street Address: 3017 Phones ST. City: FT. M4FR County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094 Facility Contact (If different from Responsible Official)	
Street Address: 3017 Monroe ST. City: Fr. M4FR County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
Street Address: 3017 Phone ST. City: FT. Myfex County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Sept Dieck Shade 10. Facility Contact Address:	
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Street Address: 3017 Monroe ST. City: FT. M4FR County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DEF DIENESHADE 10. Facility Contact Address: Same as a some	
Street Address: Golf County: LEE Zip Code: 3370/ 8. Responsible Official Telephone Number: Telephone: () 339) 334-1353 Fax: () 239) 334-2094 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): LEEE DIENESHAGE 10. Facility Contact Address: Street Address: City: County: Zip Code:	
Street Address: 3017 Monroe ST. City: FT. MyGR3 County: LEE Zip Code: 3390/ 8. Responsible Official Telephone Number: Telephone: (339) 334-1353 Fax: (239) 334-2094 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEFF Dierkshade 10. Facility Contact Address: Street Address: Street Address:	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

For each dry-to-dry macl	hine on-site, pleas	se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*) (circle one)	Date Control Device Installe (if already included at time o purchase, write "SAME")
1991	Existing	ROCA/None required	Same
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	KEY: RC =	refrigerated condenser CA =	= carbon adsorber
			7/23/0
1.(b) TRANSFER MAC	HINES ONLY		7:105
1.(b) TRANSFER MAC How many washers do yo		<u>.</u> 3	THES
How many washers do yo How many dryers/reclaim If the transfer machine w	ou have on-site? ners do you have yas purchased fro	m the manufacturer prior to or on	December 9, 1991, it is an EXIS
How many washers do you How many dryers/reclaim If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (n	ou have on-site? mers do you have vas purchased fro ine was purchase no units purchase	on-site? [3] m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIS December 9, 1991 and Septembe owed to operate under this gener formation: Date Control Device Installed (if already included at time o
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How many washers do you How many dryers/reclaim. If the transfer machine wounit. If the transfer mach 1993, it is a NEW unit (permit). For each transfer mach transfer m	ou have on-site? ners do you have vas purchased fro ine was purchase no units purchase fer machine on-sir Status (circle one) Existing/New Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991, it is an EXIS December 9, 1991 and Septembe owed to operate under this gener formation: Date Control Device Installed (if already included at time o

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New store: New machine

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 a Rule 62-213.300, F.A.C. Verify that all steam and h exemption 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:	39 H. P.		
What type of fuel do you use? [] 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			
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration mon	itoring		
(e) Startup, shutdown, malfunction plan			

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7. Surrender	of Existing DEP Air Permit(s)
Please indica	ate 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 noti, statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the also made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. The property notify the Department of any changes to the information contained in this notification. The Diarkship demonstrated in this notification.

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



Metro Cleaners Group 2017 Monroe Street Fort Myers, Florida 33901

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General Permits Section

Bureau of Air Monitoring Mubile Sources

MS 5510

MS 5510

State Stone Rd.

Tallahassel Ft 32399-2400