

Department of Environmental Protection

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

Colleen M. Castille Secretary

July 28, 2006

Mr. Babu Patel Gulf Point Cleaners, Incorporated 1350 Rio Vista Avenue Fort Myers, Florida 33901

Re: Facility No.: 0710146-003

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2006.

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,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver - South District

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY

EMISSION FEE DATES "7.6.2005...

SOC REPORTS 5...

COMP. STATUS-SNC MNC D

1/26/2006

Trsp. Lee Co-SD-S Culliver

TNSP-INSZ-Compliance Inspection

Walk-through

Each owner or operator of a Perc dry cleaning facility shall submit to the E notification of compliance status providing the following information and s	PA and FLDEP by registered mail on or before July 28, 2008 a
FLDEP Facility ID Number: FLD 058 266628 0710 146	Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?
The name and address of the owner or operator; DHANU PATEL.	Check one: No Yes
Name of the owner or operator of the dry cleaning facility	Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?
15600-16 SAN CARLOS BLVD. Mailing address of the owner or operator of the dry cleaning facility	Check one: No Yes
Mailing address line 2 FORT MYES FL. 33908 City State Zip Code The address (that is, physical location) of the dry cleaning facility; GULF POINT & CLEANERS. Name of the dry cleaning facility 15600-16 SAN CARLOS BLUD. Address of the dry cleaning facility (physical location)	Is the Perc dry cleaning operation a major or area source? Major Source: Perc consumption is greater than 2100 gallons/year Area Source: Perc consumption is 2100 gallons/year or below The yearly Perc solvent consumption: (How much Perc did you buy over the last 12 months?) Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322? Check one: No Yes
Address line 2 FORT Myers FL. 33908 City State Zip Code	All information contained in this statement is accurate and true. Signature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

To Whom It May Concern:

GULF POINT CLEANERS. Name of Facility	has
just received, on 9-11-08 2008, notice	e of
the need to file the attached form. Since we were	e
not aware of the ruling requiring this informatio	n
prior to the date above, please accept this	
information as our attempt to remain compliant	
with Local, State and federal statutes.	
D. Ported. Signature DHANU PATEL Print PRESIDENT	
Title	

RECEIVED

FJUN 2 2 2006

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Rureau of Air Monitoria Rundbile Sources

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):				
GULF POINT CLEANERS INC.				
2. Site Name (For example, plant name or number):				
15600/16# GULF POINT CLE	FANEL'S INC.			
3. Hazardous Waste Generator Identification Number:				
95000090 FLD -058-266-	128			
4. Facility Location: 15600 - 16				
Street Address: SAN CARLOS BOULEVARD City: FORT MYERS County:	7in Code: 7 20 o C			
City: FORT MYERS County: LEE	Zip Code: 33908			
S Facility Identification Number (DEP Use ONLY: do not fill in):	不是是原始的一种。			
Responsible Official				
6. Name and Title of Responsible Official:	_			
Name: BABU PATEL Title: OW	INE (
7. Responsible Official Mailing Address: 1350				
Organization/Firm:	·			
Street Address: RIO VISTA AVE				
City: FORT MYERS County: LEE	Zip Code: 33901			
				
8. Responsible Official Telephone Number: Telephone: (239)936-7823 Fax: () - .			
251, 156 1823	,			
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):				
N14				
10. Facility Contact Address:	· · · · · · · · · · · · · · · · · · ·			
Street Address: VIA				
City: County:	Zip Code:			
11. Facility Contact Telephone Number: Telephone: () - \(\sum \) \(\rangle \) Fax: () -			
Telephone: () - $\wp[\rho]$ Fax: (,			

DEP Form No. 62-213.900(2) Effective: 2/24/99 14

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

OYEI

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")	
1995	Existing/Nev	w RC/CA/None required	SAME	
	Existing/Nev	w RC/CA/None required		
	Existing/Nev	w RC/CA/None required		
*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber				
1.(b) TRANSFER MACI	HINES ONLY			
How many washers do yo	u have on-site?	N/A		
How many dryers/reclaim	ers do you have or	\sim site? \sim		
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:				
		bleeze brovide die ionowing mior	madon.	
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")	
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one)	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one) Existing/New	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one) Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of	
Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlor	Status (circle one) Existing/New Existing/New Existing/New EXISTING/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required frigerated condenser CA = content of the condenser of the condense of the conden	Date Control Device Installed (if already included at time of purchase, write "SAME")	
CONTROL DEVICE KE	Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required frigerated condenser CA = condenser ave you used within the last 12 months in)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
CONTROL DEVICE KE 2.(a) How much perchlor [] 5] gallon (b) If less than 12 mon	Status (circle one) Existing/New Existing/New Existing/New EX: RC = reference the reference of the refer	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required frigerated condenser CA = condenser ave you used within the last 12 months in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?	
CONTROL DEVICE KE 2.(a) How much perchlor [] 5] gallon (b) If less than 12 mon	Status (circle one) Existing/New Existing/New Existing/New EX: RC = reference the reference of the refer	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required frigerated condenser CA = condenser ave you used within the last 12 months in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?	

DEP Form No. 62-213.900(2)

 What is the facility's source classification based of Indicate with an "X". Select one classification 	· · · · · · · · · · · · · · · · · · ·			
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)			
 What control technology is required on machines (Indicate with an "X".) 	s 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			
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following e (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	: ((5) []			
What type of fuel do you use? [] propane [] No. 2 fu [] No. 6 fu	el oil No. 4 fuel oil			
6. Equipment Monitoring and Recordkeeping Infor	mation			
Check all logs which are required to be kept on-site	e 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				
(e) Startup, shutdown, malfunction plan				

DEP Form No. 62-213.900(2)

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

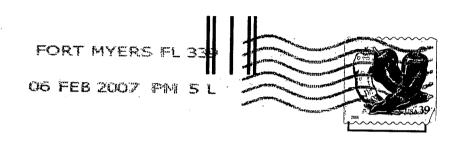
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Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

	7. Surrender of Existing DEP Air Permit(s)				
	Please indicate with an "X" the appropriate selection:				
	Ш	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are			
	ب	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.				
	BABU PATEL.				
	Print nam	ne of responsible official			
	Signature	Date Date			

DEP Form No. 62-213.900(2) Effective: 2/24/99 GULF POINT CLEANERS 15600-16 SAN CARLOS BLVD. FORT MYERS, FL. 33908



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

32315+3070-70 8099

Andlandaldhandhdaadhdhaalaadhaadhaadhaadhaadh

GULF POINT CLEANERS 15600-16 SAN CARLOS BLVD. FORT MYERS. FL. 33908 CERTIFIED MAIL.



7007 2680 0001 3314 9825

017H15554313 S 5 . 320 S 5 . 320 09/11/2008 Mailed From 33908

RETURN RECEIPT REQUESTED TO FLORIDA DEPARTMENT OF ENVIRONMENIAL CHENERAL PERMITS SECTION PROTECTION.

BUREAU OF AIR MONITORING AND MOBILE SOURCES

2600 BLAIR STONE ROAD. MS # 5510

TILLAHASSEE, FLORIDA, 32399-2400

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.

468726 FEB 82W7

TOTAL AMOUNT DUE: \$50.00

