

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. William Gutierrez Classic Cleaners 18911-12 South Tamiami Trail Ft. Myers, Florida 33908

Re: Facility No.: 0710148-002

Dear Mr. Gutierrez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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 لير

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

Classic Cleaners of Pelican **Landing, Inc.**

Classic Cleaners of Pelican Landing, Inc. 18911-12 S. Tamiami Tr. Ft. Myers, Fl 33908

Phone: 941-267-8998 FAX: 941-498-6877

email: cleanbillg@aol.com

Wednesday, December 11, 2002

SANDY BOWMAN (DEP) 2600 BLAIR STONE RD. MAIL S #5510 TALLAHASSEE, FL 32399-2400

DEAR MRS. BOWMAN,

AS PER OUR PHONE CONVERSATION ON 8/23/02 I AM WRITING TO INFORM THIS DEPT THAT WE ARE RELOCATING OUR PRODUCTION PLANT TO A NEW LOCATION, THAT ADRRESS IS AS FOLLOWS 9201 BROOKWOOD CT. SUITE #7, BONITA SPRINGS, FL 34134. WE WILL NOT BE IN THIS FACILITY UNTIL MID JAN/03. IF YOU HAVE ANY QUESTIONS REGARDING THIS MOVE, PLEASE DONT HESITATE TO CONTACT ME, MY CELL #239-770-0991

WILLIAM GUTIERREZ PRESIDENT

Feestaid 96-00 SOC 2 Compliance IN

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 corporation, ag	• • • • • • • • • • • • • • • • • • • •
William Gutierrez/Classic	: Cleavers of Pelican Landing, In
2. Site Name (For example, plant name or number):	
CLASSIC CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD981921919	
4. Facility Location:	
Street Address: City: /89/11-12 S. Tam 'am' County: LEE	Zip Code: 33908
5. Facility Identification Number (DEP Use ONLY - do not	fill in):
	07/0/48-002
Responsible Official	
6. Name and Title of Responsible Official:	
Name:	Title:
William Gutierrez	President
7. Responsible Official Mailing Address: Organization/Firm: C/A5516 C/EAUE/S OF Street Address: /89//-/2 S. Tamiami	TRITICAN landing, INC.
City: TO MYERS County: LEE	Zip Code: 33508
8. Responsible Official Telephone Number: Telephone: (ライノー) ユムフー タララ 名	Fax: (941)498 - 6877
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant m	anager):
SAME AS ABOVE	· · · · · · · · · · · · · · · · · · ·
10. Facility Contact Address:	
Campa Address.	• •
Street Address: City: County:	Zip Code:
City. County.	Zip Code.
11. Facility Contact Telephone Number:	
Telephone: () -	Fax: (•) -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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Facility Information
1.(a) DRY-TO-DRY MA
How many dry-to-dry mad

Facility Information	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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")			
11/9/91 NOV 1991	Existing New	RC/CA/None required	SAME			
	Existing/New	RC/CA/None required · · · · ·	- <u></u>			
	Existing/New	RC/CA/None required	* * * * * * * * * * * * * * * * * * * *			
*CONTROL DEVICE KEY:	: RC = refri	gerated condenser CA = ca	arbon adsorber			
1.(b) TRANSFER MACHIN			r en			
How many washers do you h		The state of the s				
How many dryers/reclaimers		\	A LUD			
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:						
unit. If the transfer machine 1993, it is a NEW unit (no u	was purchased fro inits purchased aft	om the manufacturer between Det ter September 22, 1993 are allow	cember 9, 1991 and September 22, ed to operate under this general			
unit. If the transfer machine 1993, it is a NEW unit (no u permit). For each transfer n Date Initially Purchased St	was purchased from the purchased after the purchased after the purchased after the purchased after the purchased from the purch	om the manufacturer between Deter September 22, 1993 are allow lease provide the following information of the control Device Required*	cember 9, 1991 and September 22, ed to operate under this general			
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DEP Form No. 62-213.900(2) Effective: 2/24/99

New store: New machine

Unopened store [____] (date of expected opening

3. What is the facility's source classi: Indicate with an "X". Select one		n the definitions found in section (3) of Part II? only.)		
Small Area Source				
Dry-to-dry machin Transfer only on-s Both machine type	ite	(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 machin Transfer only on-s Both machine type	ite	(used 140 - 2,100 gallons of perc per year)X (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)		
4. What control technology is require (Indicate with an "X".)	ed on machines	pursuant to section (5) of Part II of this notification form?		
Existing machines at small (NONE REQUIRED) [area source	New machines at small area source Refrigerated condenser []		
Existing machines at large at Carbon adsorber [Refrigerated condenser [area source	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 to No such units on-site	inits exempt	[X] OR		
How many boilers do you have on-si	te?			
For each boiler, indicate its horsepov	ver (HP) rating:	<u> </u>		
What type of fuel do you use? [X propane No. 2 fue			
6. Equipment Monitoring and Recor	dkeeping Inform	mation		
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 pur	chases/solvent			
(b) Leak detection inspection and re-	pair			
(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

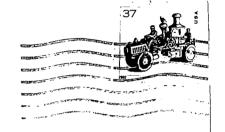
7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Importly notify the Department of any changes to the information contained in this notification.
·	Il i Am: Guti Errez
	ne of responsible official
<u>()(</u> Signature	Worm Jutiener 8/27/01

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Effective: 2/24/99

CLASSIC CLEANERS OF S.W. FLA. 18911-12 S. TAMIAMI TRAIL FT MYERS, FL 33908 941-267-8998





SANDY BOWMAN DEP 2600 BLAIT STONE Rd. MAIL S ASSID TALLAHASSEE, FL 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444670 JAN18 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

AIRS ID# 710148 CLASSIC CLEANERS OF S.W. FLORIDA 9201 Brookwood Ct. Suite #7 BONITA SPRINGS, FL 34134

Printed on recycled paper.

Bureau of Air Monitor

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001 **OBJECT: 002273**

458302 JAN29 2006

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

710148 CLASSIC CLEANERS OF S.W. **FLORIDA** 9201 Brookwood Ct. Suite #7 34134 BONITA SPRINGS, FL

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FLAIR ACCT. CODE 372920350013755010000 BENIFITTING OBJECT CODE:002000 BENIFITTING CATEGORY 000200

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ORG.: 37550101000 EO: A1

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

435034 JAN 82004

on your check or money

TOTAL AMOUNT DUE: \$50.00pureau of Air I Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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710148 WILLIAM GUTIERREZ CLASSIC CLEANERS OF S.W. FLORIDA 9201 BROOKWOOD CT SUITE #7 BONITA SPRINGS FL 34134

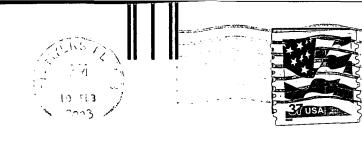
FOR GOVERNMENT USE ONLY Ofg. 237550101000 (EQ: AI

Fund 220-2-035001

Obj.: 002273

CLASSIC CLEANERS OF S.W. FLA. 24600 S. TAMIAMI TRAIL **BONITA SPRINGS, FL 34134** 941-495-8300

> FT MYERS FL 33908



422906 FEB132003

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

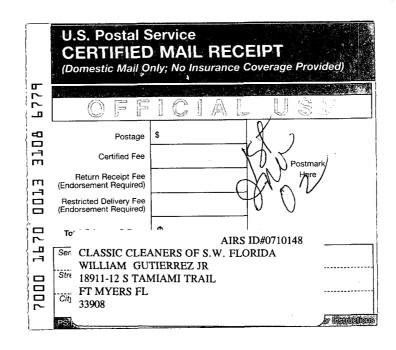
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring m 2 Webite Courses Do NOT Remove Label 1 9 2003 AIRS ID#0710148 **EOR GOVERNMENT USE ONLY** CLASSIC CLEANERS OF S.W. FLORIDA Org.: 37550101000 EO: A1 WILLIAM GUTIERREZ JR Fund: 20-2-035001 18911-12 S TAMIAMI TRAIL Obj.: 002273



HOLD A DOUGLEDING HER BELLE STATES HER OF ENVELOPE STATES	KOPE ES SEE :	
 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 Addressee B. Received by (Printed Name) C. Date of Delivery 1 1 23	
AIRS ID#0710148 CLASSIC CLEANERS OF S.W. FLORIDA WILLIAM GUTIERREZ JR 18911-12 S TAMIAMI TRAIL FT MYERS FL 33908	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
	3. Service Type Certified Mail	
4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7000 /670 0013 3/08 6 779		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035		

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TRALLAND SSEE, FLORIDA 32399-2400

aladdadhal



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413389 JAN222002



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# 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL
33908

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273