

Confirmation Report - Memory Send

Page : 001
Date & Time: 01-09-08 04:04pm
Line 1 : 2392756464
Line 2 : 2392756464
Machine ID : FedexKinkos 5897

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Air Monitoring
File Source

Job number : 471
Date : 01-09 04:02pm
To : 18509226979
Number of pages : 005
Start time : 01-09 04:02pm
End time : 01-09 04:04pm
Pages sent : 005
Status : OK

Job number : 471 *** SEND SUCCESSFUL ***

TOWN & COUNTRY DRY CLEANERS

2809 Cleveland Ave.
Fort Myers, FL 33901

Phone: 239-334-6406
Fax: 239-334-9143

FAX COVER SHEET

To: FDEP Date: 1/9/08
Attention: Mrs. Cecily Tart From: Ed Daneri
Fax Number: 1-850-922-6979 Total Pages, including cover: 5

Dear Sir or Madam,

Per our phone conversation, please find attached the revised version of our Air General Permit Notification form.

Feel free to contact me for any further details.

Thanks & regards,



Ed Daneri
Vice-President
Cell: 239-357-7460

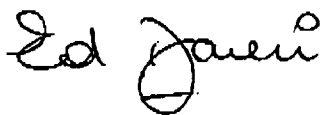
TOWN & COUNTRY DRY CLEANERS**2809 Cleveland Ave.
Fort Myers, FL 33901****Phone: 239-334-6406
Fax: 239-334-9143****FAX COVER SHEET****To: FDEP****Date: 1/9/08****Attention: Mrs. Cecily Tart****From: Ed Daneri****Fax Number: 1-850-922-6979****Total Pages, including cover: 5**

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Cell: 239-357-7460RECEIVED
JAN 10 2008
BUREAU OF ENVIRONMENTAL
& MARINE SERVICES

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 10 2008
Bureau of Air Monitoring
& Mobile 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):	D e D Future, Inc.		
2. Site Name (For example, plant name or number):	Town e Country Cleaners		
3. Hazardous Waste Generator Identification Number:	FLR 0000 33258		
4. Facility Location:	2809 Cleveland Ave.		
Street Address:	2809 Cleveland Ave.		
City:	Fort Myers	County:	Lee
		Zip Code:	33901

Responsible Official

6. Name and Title of Responsible Official:	Name: Ed Daneri Title: V-P		
7. Responsible Official Mailing Address:	Organization/Firm:		
Street Address:	2809 Cleveland Ave.		
City:	Fort Myers	County:	Lee
		Zip Code:	33901
8. Responsible Official Telephone Number:	Telephone: (239) 334-6406 Fax: (239) 334-9143		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	— / —		
10. Facility Contact Address:	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
2002	(New)	(RC) CA/None required	SAME
2003	(New)	(RC) CA/None required	SAME
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

(u/A)

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 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 KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[107] 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 _____)

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

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 OR No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use? propane natural gas No. 2 fuel oil No. 4 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

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 _____
- 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.

Ed Daneri

 Print name of responsible official



 Signature

10/21/07

 Date