

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 21, 2001

Mr. Wess Jacobs  
Dolphin Cleaners  
12951 Metro Parkway #1  
Ft. Myers, Florida 33907

Re: Facility No.: 0710204-001

Dear Mr. Jacobs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 2001.

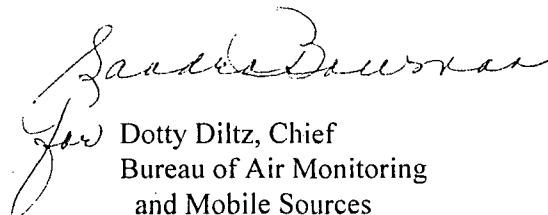
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources  
AUG - 7 2014  
RECEIVED

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): <i>Whistle Cleaners, Inc. d/b/a Dolphin Cleaners</i>
2. Site Name (For example, plant name or number): <i>Metro</i>
3. Hazardous Waste Generator Identification Number: <i>Do not have one, have not opened store</i>
4. Facility Location: <i>12951 Metro Parkway, #1</i> Street Address: City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33907</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0M10204-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Wes Jacobs</i> Title: <i>Treasurer</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Whistle Cleaners</i> Street Address: <i>12951 Metro Parkway, #1</i> City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33907</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 768-1919</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Same as above</i>
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?

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")
<del>24/542/01</del> 24/542/01	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

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?

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 08-SEP-01)

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?

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

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.*

*Wess Jacobs*

Print name of responsible official

*Wess Jacobs, Trng*

Signature

*08/06/01*

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

470801 MAR 9 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

*PERMIT  
EXPIRES - 9/17/2006  
LAST SUBMITTED - 8/17/01*

Do NOT Remove Label

AIRS ID#710204  
WHISTLE CLEANERS INC  
12951 Metro Parkway #1  
FT MYERS, FLORIDA 33907



FLAIR ACCT: CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Bureau of  
& W/C  
MAR 1  
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*WESS JACOBS (941) 768-1999*

Printed on recycled paper.

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

457863 JAN 10 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**

RECEIVED

Do **NOT** Remove Label

710204            10  
DOLPHIN CLEANERS  
12951 Metro Parkway #1  
FT MYERS, FL        33907

FLAIR ACCT. CODE 2020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

All Monitors:  
Mobile Sources

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444013 JAN 3 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# 710204 10  
DOLPHIN CLEANERS  
12951 Metro Parkway #1  
FT MYERS, FL 33907

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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Bureau of Air Monitoring  
& Mobile Sources

JAN 4 2005

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435698 JAN26 2004

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**

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710204  
WESS JACOBS  
DOLPHIN CLEANERS  
12951 METRO PARKWAY #1  
FT MYERS FL 33907

Bureau of Air Mail  
& Mobile Services

JAN 28 2004

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

7000 1670 0013 3108 6670

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here  
*[Handwritten Signature]*

AIRS ID#0710204

Sent  
**DOLPHIN CLEANERS**  
 Street **WESS JACOBS**  
**12951 METRO PARKWAY #1**  
 City **FT MYERS FL**  
**33907**

PS Form

Instructions

SEND

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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#0710204

**DOLPHIN CLEANERS**  
**WESS JACOBS**  
**12951 METRO PARKWAY #1**  
**FT MYERS FL**  
**33907**

A. Signature

*Kay Brynogle*

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*[Signature]* 2705

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3108 6670

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

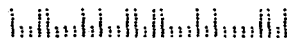
• Sender: Please print your name, address, and ZIP+4 in this box •

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FEB 24 2003

Bureau of Air Monitoring  
& Mobile Sources

BUREAU OF AIR MONITORING & MOBILE SOURCES  
U.S. DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 5510  
100 PLAINSTONE ROAD  
MARIANSOLE, FLORIDA 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413245 JAN17 2002 X

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 # 0710204  
DOLPHIN CLEANERS  
WESS JACOBS  
12951 METRO PARKWAY #1  
FT MYERS FL  
33907

FOR GOVERNMENT USE ONLY  
Org.: 37550101000  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Mail Services  
JAN 22 2002  
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423039 FEB 17 2003

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**

RECEIVED  
FEB 19 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

DOLPHIN CLEANERS WESS JACOBS 12951 METRO PARKWAY #1 FT MYERS FL 33907	AIRS ID#0710204
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<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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