

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 31 2001

Mr. Daniel J. Denicola
Vogue Cleaners of Tallahassee, Inc.
1839 Thomasville Road
Tallahassee, Florida 32303

Re: Facility No.: 0730074-002

Dear Mr. Denicola:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 2001.

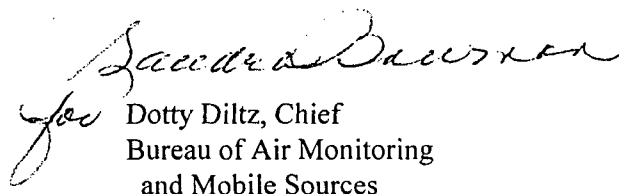
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fee Paid
SOC 5

0730074-002

P16

6(e) Required for all sources.

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, agency, or individual owner): <i>VOGUE CLEANERS OF TALLAHASSEE, INC.</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 981869316</i>
4. Facility Location: Street Address: <i>1839 THOMASVILLE RD</i> City: <i>TALLAHASSEE</i> County: <i>LEON</i> Zip Code: <i>32303</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0730074-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>DANIEL J. DENICOLA</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: <i>SAME</i> Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(850) 222-1322</i> Fax: <i>(850) 222-1799</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</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? [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")
1992	Existing New	RC /CA/None required	SAME
1994	Existing 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

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?

[265] 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?

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 0730074.
- 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.

DANIEL J. DENICOLA
Print name of responsible official

[Signature]
Signature

6-10-01
Date

Bureau of Air Monitoring & Mobile Sources
JUN 02 2001
RECEIVED

Sub 6/20/01

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
[JUN 28 2001]
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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How many washers do you have on-site?

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gallons (You must fill this in)

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Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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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)

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(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

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- (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 0730074
- 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.

DANIEL J. DENICOLA
Print name of responsible official

[Signature]
Signature

6-10-01
Date

RECEIVED
JUN 02 2001
Bureau of Air Monitoring & Mobile Sources

10/02/01
Sack

[Signature]

6-26-01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456960 DEC19 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

730074 10
VOGUE CLEANERS
1839 Thomasville Road
TALLAHASSEE, FL 32303

Bureau of Air Monitoring
Mobile Sources

RECEIVED
DEC 21 2005

FL AIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com ®			
OFFICIAL USE			
Postage	\$	Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage		AIRS ID# 730074 1stC	
Sent To		VOGUE CLEANERS	
		1839 Thomasville Road	
Street, Apt. # or PO Box #		TALLAHASSEE, FL 32303	
City, State, Z			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- 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# 730074 1stC
 VOGUE CLEANERS
 1839 Thomasville Road
 TALLAHASSEE, FL 32303

COMPLETE THIS SECTION ON DELIVERY

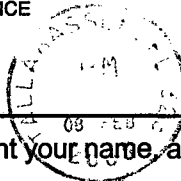
- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

71

UNITED STATES POSTAL SERVICE



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

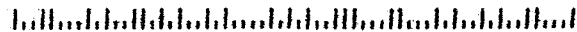
• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

FEB 10 2005

RECEIVED

A
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T



THIS LABEL MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445193 FEB 22 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# 730074 10
VOGUE CLEANERS
1839 Thomasville Road
TALLAHASSEE, FL 32303

FOR GOVERNMENT USE ONLY
ORG.: 3750101000 EO: 11
FUND: 20-2-035001
OBJECT: 002273

BUREAU OF AIR MOBILITY
& Mobile Sources
FEB 22 2005
RECEIVED

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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.

434731 DEC 15 2003

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

730074
DANIEL DENICOLA
VCGUE CLEANERS
1839 THOMASVILLE ROAD
TALLAHASSEE FL 32303

FOR GOVERNMENT USE ONLY
Org.: 37550 DE 1000 EO: A1
Fund: 20-2-005001
Obj.: 00227

Bureau of Financial Services
DEC 17 2003
VCG

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

7000 0600 0026 4128 7621

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0730074

Recip	VOGUE CLEANERS
Street	DANIEL J DENICOLA
City	1839 THOMASVILLE ROAD
	TALLAHASSEE FL
	32303

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- 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 # 0730074

VOGUE CLEANERS
 DANIEL J DENICOLA
 1839 THOMASVILLE ROAD
 TALLAHASSEE FL
 32303

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Ruth B. Brumley 7/9/74
 C. Signature

Agent
 Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes No

3. Service Type

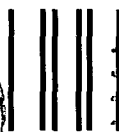
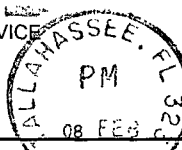
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4128 7621

UNITED STATES POSTAL SERVICE



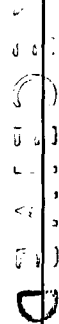
First-Class Mail
Postage & Fees Paid
USPS
Permit-No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 ELAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2002



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

OFFICIAL USE

7000 1670 0013 3109 2367

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
[Handwritten Signature]

Total Post

SENT TO
 VOGUE CLEANERS
 DANIEL J DENICOLA
 Street, Apt. 1839 THOMASVILLE ROAD
 City, State, ZIP+4[®] TALLAHASSEE FL 32303

AIRS ID#0730074

PS Form 3800 (Rev. 10-2000) SEE REVERSE FOR INSTRUCTIONS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0730074

VOGUE CLEANERS
 DANIEL J DENICOLA
 1839 THOMASVILLE ROAD
 TALLAHASSEE FL
 32303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ward Adams* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 2/6/3

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

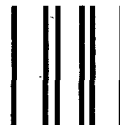
3. Service Type

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 3109 2367

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION J 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

422744 FEB 10 2003

Do **NOT** Remove Label

AIRS ID#0730074

VOGUE CLEANERS
DANIEL J DENICOLA
1839 THOMASVILLE ROAD
TALLAHASSEE FL
32303

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2003

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414059 FEB13 2002

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X

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0730074

VOGUE CLEANERS
DANIEL J DENICOLA
1839 THOMASVILLE ROAD
TALLAHASSEE FL
32303

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