

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

July 31 2001

Mr. John Brett O'Brien O'Brien's Shamrock Cleaners 3501 McLoy Boulevard Tallahassee, Florida 32312

Re: Facility No.: 0730075-002

Dear Mr. O'Brien:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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.

ForsPoid 80C 2 Compliane IN

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## 0730075-002

Spoke to Mr. O'Brien and he stated the dry to dry machines dracker refugirated (ordenser as a control derice. He also stated the boiler is 30 HP and the 205 gallons purchased in the Past 12 months was due to the initial fill of the machines.

P15 (a) RC should be circled under Control
Device Required for each machine
Add Date Control Deviced Installed for each
working. If some as purchase dateadd
Some

P/6 5. add HP of Boiler. (30 HP)

Responsible official signond date for changes made.

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 forms Send completed form to the address listed in the instructions and keep a copy of the form for your ales.

racinty Name and Location	
1. Facility Owner/Company Name (Name of corporation, as	gency, or individual owner):
O'BRIEN'S SHAMTROCK CIEA	LNERS
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
CAD 981269095	,
4. Facility Location: Street Address: 3501 MacLoy BLVD.	
City: TOUGHASSEE County: LEON	Zip Code: 32312
5. Facility Identification Number (DEP Use ONLY - do not	
	0730075-002
	Annual Committee of the
Responsible Official	<u></u>
6. Name and Title of Responsible Official:	-·· <b>(</b> )
Name: JOHN BREH O' BRIEN	Title: PRESIDENZ
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 3501 McLoy Blycl.	
City: Tall along County: Tall al	Zip Code: 32312
1000 N2266 TESTO	34317
8. Responsible Official Telephone Number:	- 105 ANDON 2715
Telephone: (850)893 - 7220	Fax: (850)893-8315
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant m	nanager):
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
	•
11. Facility Contact Telephone Number: Telephone: ( ) -	F (
Telephone: ( ) -	Fax: ( ) -

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? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Control Device Required\* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Accost 15th 2000 Existing/New Tew RC/CA/None required AUXIET 151-2000 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: Control Device Required\* Date Initially Purchased Status Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) 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? [205] 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 \_

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
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)
4. What control technology is required on machines (Indicate with an "X".)	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  [X ]
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 to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
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:	
What type of fuel do you use?  [] propane  [] No. 2 fue  [] No. 6 fue	<del></del>
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	addition log
(b) Leak detection inspection and repair	ι <del>X</del>
(c) Refrigerated condenser temperature monitoring	( <b>X</b> .)
(d) Carbon adsorber exhaust perc concentration mon	
(e) Startup, shutdown, malfunction plan	( <b>X</b> _)

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

## 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 71212 No. 9 this notification form; the permit number(s) are AIRS ID#0930075 No DEP air permits currently exist for the operation of the facility indicated in this notification 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. JOHN BREHO BRIEN Print name of responsible official

Pate And Date

The second of the manager of the college of the col DEP Form No. 62-213.900(2)



## Department of Environmental Protection

Jeb Bush Governor Tallahassee Branch Office 2815 Remington Green Circle, Suite A Tallahassee, Florida 32308-1513 David B. Struhs Secretary

## HAZARDOUS WASTE INSPECTION EXIT INTERVIEW

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

FACILITY: O'Briens Thomack Cleaners 3501 Maclay Blad S

EPA ID NUMBER: FLROCOCHUCES SITE NR.: 139080 DATE: 4/06/61 TIME: 200 pm
PARTICIPANTS: LAK JOHNSON DEP
This exit interview is the department's attempt to advise you early in the process of possible violations of Florida Administrative Code (FAC) Chapter 62-730, which adopts Title 40 Code of Federal Regulations (CFR) Part 260-268 by reference. It is possible that the list of violations noted is incomplete. After a complete internal file review by the department, an inspection report will be finalized. In most cases, the violations noted by the inspector will not change in the final report, therefore, you are advised to immediately begin correcting these deficiencies noted below. Please also be aware that the department has signed an enforcement agreement with the U.S. Environmental Protection Agency which calls for the assessment and collection of monetary penalties when violations are noted. Your quick response in correcting the violations may reduce the calculated penalties, continued non-compliance may result in greater penalty liability.
The following conditions/tentative violations have been noted:
1. Hazardous Waste Determination (40 CFR 262.11).  2. Generation Rate: P per calendar month(40 CFR 261.5(a)).  3. Maximum on site storage: (1000 Kg)(2200 Lb)(40 CFR 261.5(g)(2)  4. Recordkeeping (FAC 62-730.030(3).  5. Other
COMMENTS: Foilit states change from SOC to CEROC
No violations
RECEIPT WEKNOWLEDGED BY  Signing this form does not serve as an admission that the violations
DESIDER ALLER CARREST MARK MARK MARK CARLES OF CO. C.

"Protect, Canserve and Manage Florida's Environment and Natural Resources"

occurred, only that the form has been received and discussed.

## --ATTENTION MAIL ROOM--

PLEASE ROUTE THIS **DOCUMENT TO:** 

Rame of Individual/Office

MS SSID

Mail Station Number

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 Sand completed form to the address listed in the instructions and leave a convent the form for your flag. completed form to the address listed in the instructions and keep a copy of the form for your ales.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agen	cy, or individual owner):
O'BRIEN'S SHAMROCIZ CLEAN	TERS
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
CAD 981269095	
4. Facility Location: Street Address: 3501 Maley BLVD.	
City: TollohasseE County: LEON	Zip Code: 32312
5. Facility Identification Number (DEP Use ONLY, - do not fill	The Control of the Co
	-0730075-0025
Responsible Official	ericker in der State (1995) in der State (1995
6. Name and Title of Responsible Official:	.3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name: John Brzett O' BRIEN	ritle: President
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 3501 McLey Blyd.	
City: Tollahossee County: LEON	Zip Code: 32312
8. Responsible Official Telephone Number:	1050000 5015
Telephone: (850)893 - 9210	Fax: (850)893-8315
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant mana	ager):
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number:	The state of the s
	RECEIVED
<u> </u>	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

NOV 1 3 2001

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### **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") CA/None required August 15th 2000 Existing/New one required AUXIST 151-2000 Existing/New 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) 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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [305] 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 product and the control of the specific party of the Unopened store [100] (date of expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99 AUG 1 3 2001

3. What is the facility's source cla		the definitions found in section (3) of Part II?	
Small Area Source	ιX		
ADry-to-dry mac Transfer only of Both machine r	n-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 mac Transfer only of Both machine ty	n-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)	
4. What control technology is req (Indicate with an "X".)	uired on machines p	oursuant to section (5) of Part II of this notification	form?
Existing machines at sm (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser	
Existing machines at large Carbon adsorber Refrigerated condenser	ge area source	New machines at large area source Refrigerated condenser	
Rule 62-213.300, F.A.C. Verify t	that all steam and ho	nits shall not be eligible to use the general permit of water generating units on-site meet the following see attached memo for the criteria).	
All steam and hot water generation No such units on-site	ng units exempt	OR	
How many boilers do you have or	n-site?		* ** ** .
For each boiler, indicate its horse	power (HP) rating: [	3014	
What type of fuel do you use?	propane No. 2 fuel No. 6 fuel		<del></del>
6. Equipment Monitoring and Re-	cordkeeping Informa	ation	. ·
Check all logs which are required	to be kept on-site in	n accordance with the requirements of this general	permit:
(a) Purchase receipts and solvent	purchases/solvent ac	ddition log	
(b) Leak detection inspection and	repair	(X_)	
(c) Refrigerated condenser tempe	rature monitoring	( <b>X</b> _)	
(d) Carbon adsorber exhaust perc	concentration moni	toring [X]	•
(e) Startup, shutdown, malfunction	on plan		- :

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

### 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

AIRS ID#0130075

df»

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.

JOHN BREHO BRIEN

Print name of responsible official

Signature

. . .

John Brott o Boan

Joine 13 2001

August 8th, 2001

DEP Form No. 62-213.900(2)

### -- ATTENTION MAIL ROOM--

PLEASE ROUTE THIS **DOCUMENT TO:** 

Name of Individual/Office

**Mail Station Number** 



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 forms Sind completed form to the address listed in the instructions and linear a convention for the form completed form to the address listed in the instructions and keep a copy of the form for your ales.

1. Facility Owner/Company Name (Name of corporation, ag	gency, or individual owner):
O'BRIEN'S SHAMROCIZ CLEA	NEIS
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
CAD 981269095	
4. Facility Location: Street Address: 3501 Maloy BLVD.	. 1
City: TOUCHASSEE County: LEON	Zip Code: 32312
5. Facility Identification Number (DEP Use ONLY - do not	the second state and additional time of the second
	0730075-0025
Responsible Official	
6. Name and Title of Responsible Official:	
Name: JOHN BIZEH O' BRIEN	Title: PRESIDENZ
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 3501 MCLOY BLVI.	
City: Tollowssee County: LEON	Zip Code: 32312
8. Responsible Official Telephone Number:	40 - 40
Telephone: (850)893 - 7220	Fax: (850)893-8315
Facility Contact (If different from December 1985)	
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant m	anager):
10. Facility Contact Address:	
Street Address:	!
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: ( ) -	Fax: ( R) EC-EIVED

NOV 1 3 2001

Facility Name and Location

## **Facility Information**

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

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")
August 15th 2000	Existing N	ew) RCCA/None required	SAME POU
1000 15h 2000	> Existing/No	ew RC/CA/None required	SAME POU
	Existing/No	ew RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		<b>.</b>
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
		e, please provide the following in	
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")
<u> </u>		· •	(if already included at time of
<u> </u>	(circle one)	(circle one)	(if already included at time of
<u> </u>	(circle one)  Existing/New	(circle one)  RC/CA/None required	(if already included at time of
<u> </u>	Existing/New Existing/New Existing/New	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	(if already included at time of
CONTROL DEVICE K  2.(a) How much perchlo  [205] gallo  (b) If less than 12 mo	Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ros (You must fill onths, how many?	RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  refrigerated condenser CA  have you used within the last 12  I this in) AA BACCS  months  New owner: Did not ke	(if already included at time of purchase, write "SAME")  = carbon adsorber  months?  DSUST 2000 - AUGUST  DETER NEW 5th 5GW  MICHINES INSTALLECT  rep records: []
CONTROL DEVICE K  (a) How much perchlo  [205] gallo  (b) If less than 12 mo	Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ros (You must fill onths, how many?	RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required  refrigerated condenser CA have you used within the last 12 I this in)	(if already included at time of purchase, write "SAME")  = carbon adsorber  months?  DSUST 2000 - DUSTST DIECE  MICHINES TUSTBILLED  rep records: []  ne []

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

AUG 13 2001

Small Area Source	(X)	
XDry-to-dry mach Transfer only on Both machine ty	-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 mach Transfer only on Both machine ty	-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 requ	ired on machines	pursuant to section (5) of Part II of this notification form
Existing machines at sma (NONE REQUIRED)	ll area source	New machines at small area source Refrigerated condenser
Existing machines at large Carbon adsorber Refrigerated condenser	e area source	New machines at large area source Refrigerated condenser
		units shall not be eligible to use the general permit pursua
e 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating	nat all steam and lunits exist on-site	units shall not be eligible to use the general permit pursus that water generating units on-site meet the following e (see attached memo for the criteria).  OR
e 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site	nat all steam and units exist on-site	hot water generating units on-site meet the following e (see attached memo for the criteria).
le 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site  w many boilers do you have on	nat all steam and units exist on-site g units exempt	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR
le 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site  w many boilers do you have on each boiler, indicate its horser	nat all steam and units exist on-site g units exempt	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  natural gas el oil No. 4 fuel oil
le 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site we many boilers do you have one each boiler, indicate its horseparative of fuel do you use?	nat all steam and units exist on-site units exempt  -site?	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  I OR  I No. 4 fuel oil  el oil Other (please list)
e 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site we many boilers do you have on each boiler, indicate its horsepat type of fuel do you use?	nat all steam and units exist on-site units exempt  -site?	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  I OR  I No. 4 fuel oil  el oil Other (please list)  mation
e 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site we many boilers do you have on each boiler, indicate its horsepat type of fuel do you use?  Equipment Monitoring and Receick all logs which are required	nat all steam and units exist on-site units exempt  -site?	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  I OR  I No. 4 fuel oil I oil Other (please list)  mation  in accordance with the requirements of this general perm
e 62-213.300, F.A.C. Verify the mption criteria or that no such steam and hot water generating such units on-site we many boilers do you have on each boiler, indicate its horsepat type of fuel do you use?  Equipment Monitoring and Received all logs which are required Purchase receipts and solvent properties.	nat all steam and units exist on-site units exempt  site?	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  I OR  I No. 4 fuel oil I oil Other (please list)  mation  in accordance with the requirements of this general perm
le 62-213.300, F.A.C. Verify the emption criteria or that no such a steam and hot water generating such units on-site  w many boilers do you have one each boiler, indicate its horseponat type of fuel do you use?  Equipment Monitoring and Receleck all logs which are required Purchase receipts and solvent purchase detection inspection and	nat all steam and units exist on-site units exempt  site?	thot water generating units on-site meet the following e (see attached memo for the criteria).  OR  I OR  I No. 4 fuel oil I oil Other (please list)  mation  in accordance with the requirements of this general perm
the 62-213.300, F.A.C. Verify the emption criteria or that no such a steam and hot water generating a such units on-site ow many boilers do you have on a reach boiler, indicate its horsephat type of fuel do you use?  Equipment Monitoring and Recompany of the such as the such a such	nat all steam and units exist on-site units exempt  -site?	hot water generating units on-site meet the following e (see attached memo for the criteria).  OR  IMPLIED AND INTERIOR OF THE CRITERIA OF THE

DEP Form No. 62-213.900(2)

## 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 AIRS ID # 0730075

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 passipotential completely Express 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.

JOHN BROHO BRIEN

Print name of responsible official

ut of boon

August 8th, 2001

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

456868 DEC152005

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



Do NOT Remove Label

730075 10 O'BRIEN'S SHAMROCK CLEANERS 3501 S Maclay Blvd TALLAHASSEE, FL

32312

FLAIR ACCT. CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000** BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

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

Printed on recycled paper.

## 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.

**TOTAL AMOUNT DUE: \$50.00** 

### Do NOT Remove Label

AIRS ID# 730075 10 O'BRIEN'S SHAMROCK CLEANERS 3501 S Maclay Blvd TALLAHASSEE, FL 32312

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



434830 DEC30 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**

### Do NOT Remove Label

730975 JOHN O'BRIEN -O'BRIEN'S SHAMROCK CLEANERS 3501 MACLAY BLVD TALLAHASSEE FL 32312

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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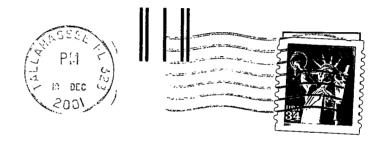
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