

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. 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.

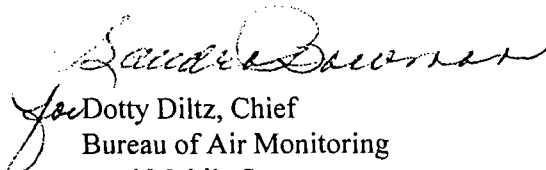
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Fees Paid
80C 2
Compliment IN

0730075-002

Spoke to Mr. O'Brien and he stated the dry to dry machines have a refrigerated condenser as a control device. 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 cited under Control Device Required for each machine
Add Date Control Device installed for each machine. If some as purchase date add Some

P16 5. add HP of Boiler. (30HP)

P17 Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2001

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 and 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): O'BRIEN'S SHAMROCK CLEANERS
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: CAD 981269095
4. Facility Location: Street Address: 3501 Mclay BLVD. City: TALLAHASSEE County: LEON Zip Code: 32312
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0730075-002

Responsible Official

6. Name and Title of Responsible Official: Name: JOHN BRETT O'BRIEN Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3501 Mclay Blvd. City: TALLAHASSEE County: LEON Zip Code: 32312
8. Responsible Official Telephone Number: 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 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?

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")
August 15 th 2000	Existing <input checked="" type="radio"/> New	RC/CA/None required	_____
August 15 th 2000	Existing <input checked="" type="radio"/> 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 _____)

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 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, 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 BRETHO BRIEN
Print name of responsible official


Signature

June 13 2001
Date



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'Brien Street Cleaners 3501 Mackay Blvd S

EPA ID NUMBER: FLR000044673 SITE NR.: 139050 DATE: 4/26/01 TIME: 2:20pm

PARTICIPANTS: ZAK 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: 100 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: Facility status change from SQG to CERCL

No violations

RECEIPT ACKNOWLEDGED BY

INSPECTOR

Signing this form does not serve as an admission that the violations occurred, only that the form has been received and discussed.

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Rich Butler Dpam

Name of Individual/Office

MS 5510

Mail Station Number

CONNECTED
cy

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 18 2001
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 and 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):	O'BRIEN'S SHAMROCK CLEANERS		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	CAD 981269095		
4. Facility Location: Street Address:	3501 Meloy BLVD.	City:	TALAHASSEE
	County:	LEON	Zip Code: 32312
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0730075-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JOHN BRETT O'BRIEN	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	3501 Meloy Blvd.	City:	TALAHASSEE
	County:	LEON	Zip Code: 32312
8. Responsible Official Telephone Number:			
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 manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone: ()	Fax: ()		

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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")
August 15th 2000	Existing/ <u>New</u>	<u>RC</u> /CA/None required	SAME <u>pro</u>
August 15th 2000	Existing/ <u>New</u>	<u>RC</u> /CA/ <u>pro</u> None required	SAME <u>pro</u>
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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)

144 gallons August 2000 - August 2001
5th generation machines installed

(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)

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**NORTHWEST FLORIDA
 DEP**

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 AIRS ID # 0730075

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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I will promptly notify the Department of any changes to the information contained in this notification.

John BRETT O BRIEN
Print name of responsible official

[Signature]
Signature

June 13 2001
Date

[Signature]
John Brett O'Brien

August 8th, 2001

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Danielle Brown

Name of Individual/Office

TB0

Mail Station Number

CONNECTED

cy

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2001

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Part III. Notification of Intent to Use General Permit

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City:	TALDHASSEE	County:	LEON
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11. Facility Contact Telephone Number:			
Telephone: ()		Fax: (RECEIVED

NOV 13 2001

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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August 15th 2000	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	SAME <input checked="" type="radio"/>
August 15th 2000	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	SAME <input checked="" type="radio"/>
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
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*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)

144 gallons August 2000 - August 2001
 after new 5th generation machines installed.

(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 _____)

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NORTHWEST FLORIDA DEP

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.)

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- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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4. What control technology is required on machines 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

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).

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AIRS ID # 0730075

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gsh

Responsible Official Certification

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I will promptly notify the Department of any changes to the information contained in this notification.

John BRETT O BRIEN

Print name of responsible official

John Brett O'Brien

Signature

June 13 2001

Date

John Brett O'Brien

John Brett O'Brien

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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

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

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

Printed on recycled paper.

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DEC 15 2005
Bureau of Mobile Support

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.

443366 DEC152004

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

Bureau of Air Monitoring
& Mobile Sources

DEC 16 2004

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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

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421813 JAN15 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

AIRS ID#0730075
 O'BRIEN'S SHAMROCK CLEANERS
 JOHN BRETT O'BRIEN
 3501 MACLAY BLVD
 TALLAHASSEE FL
 32312

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

RECEIVED
 JAN 21 2003
 Bureau of Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411978 DEC20 2001

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TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0730075
O'BRIEN'S SHAMROCK CLEANERS
JOHN BRETT O'BRIEN
3501 MACLAY BLVD
TALLAHASSEE FL
32312

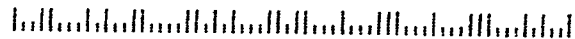
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Shamrock Cleaners
3501 Moloy Blvd.
Tallahassee, FL
32312



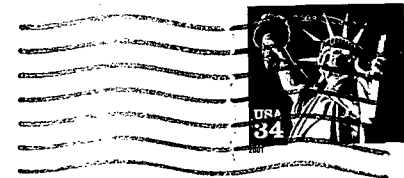
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99



O'BRIEN'S
SHAMROCK
CLEANERS

3501 Maclay Blvd. • Tallahassee, FL 32312



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING &
MOBILE SOURCES, MS 5510
Dept. of EPA
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

