Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 20, 2001

Ms. Beth Stockbridge
Capitol Cleaners
3813-1 North Monroe Street
Tallahassee, Florida 32303

Re: Facility No.: 0730077-002

Dear Ms. Stockbridge:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 19, 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,

Sandra Burman
for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

Fees Paid 96-00
50C 3
compliance MNC

0730077-002

Page 15

1.(a) New should be circled under Status.

RC should be circled under Control Device Required.

RECEIVED
OCT 19 2001
Bureau of Air Monitoring & Mobile 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):
Stockson Enterprises, Inc. dba Capitol Cleaners

2. Site Name (For example, plant name or number):
Capitol Cleaners

3. Hazardous Waste Generator Identification Number:
SLD 981865611

4. Facility Location:
Street Address: 3813-1 N. Monroe St
City: Tallahassee County: Leon Zip Code: 32303

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0730074-002

Responsible Official

6. Name and Title of Responsible Official:
Name: Beth L. Stockbridge Title: VP

7. Responsible Official Mailing Address:
Organization/Firm: Capitol Cleaners
Street Address: 3813-1 N. Monroe St.
City: Tallahassee County: Leon Zip Code: 32303

8. Responsible Official Telephone Number:
Telephone: (850) 562 2138 Fax: ( ) -
~~850-893-9508 Home~~

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Ronald Jackson, Manager

10. Facility Contact Address:
Street Address: 3813-1 N. Monroe
City: Tallahassee County: Leon Zip Code: 32303

11. Facility Contact Telephone Number:
Telephone: (850) 562-2138 Fax: ( ) -

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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")
May 1994	Existing/New	RC/CA/None required	Same
	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[130] gallons (You must fill this in)

(b) If less than 12 months, how many? [12] 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 [X]

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		New machines at small area source	
(NONE REQUIRED)	[ ]	Refrigerated condenser	[X]

Existing machines at large area source		New machines at large area source	
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
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 [X]

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [ ] [1] [5]

What type of fuel do you use?

[X] 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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [X]

(e) Startup, shutdown, malfunction plan [X]

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 _____.

[X] 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.

Beth L. Stockbridge
Print name of responsible official

Beth L. Stockbridge
Signature

9-20-01
Date

Best Available Copy

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

☐ If you are a new owner, please check this and return this form with your completed notification form.

☑ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436961 FEB26 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

RECEIVED
MAR 3 2004
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

730077
BETH STOCKBRIDGE
CAPITOL CLEANERS
3813-1 N MONROE STREET
TALLAHASSEE FL 32303

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

Capitol Cleaners was sold to Enver Sulollari, Sulollari Enterprises, Inc. dba Capitol Cleaners, 3813-1 North Monroe Street, Tallahassee, Fl 32303, on January 1st, 2004. Phone # 850-562-2138 - Plant. Cell # 850-322-2514 Federal ID # 270075359.

Should you have any questions, please call me at 850-893-9508.

Beth Stockbridge

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421030 DEC23 2002

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
JAN 02 2003
Bureau of Air Monitoring
Mobile Sources

Do NOT Remove Label

AIRS ID#0730077
CAPITOL CLEANERS
BETH L STOCKBRIDGE
3813-1 N MONROE STREET
TALLAHASSEE FL
32303

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