

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 17, 2004

Mr. Bill Shaw  
Bargain Cleaners  
17210 Campbell Road #180  
Dallas, Texas 75252

Re: Facility No.: 0730105-002

Dear Mr. Shaw:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 11, 2004.

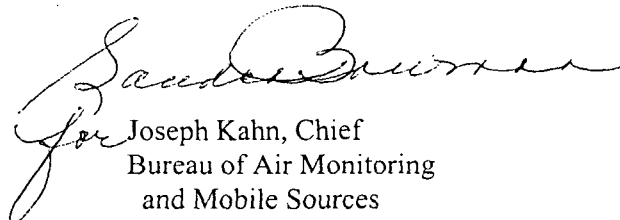
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES .....197-2002.....  
SOC REPORTS.....5.....  
COMPLIANCE STATUS .....IN.....

New?

Air 0730105  
Issued 5/1/2003

RECEIVED  
FEB 11 2004  
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):	Bill Shaw > Bargain Cleaners
2. Site Name (For example, plant name or number):	US Cleaners / Bargain Cleaners.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	1889-2 ML King BLVD Tallahassee
County:	Leon FL
Zip Code:	32303
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0730105 - 002

Responsible Official

6. Name and Title of Responsible Official: Name:	Bill Shaw	Title:	Pres
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Bargain Cleaners	17210 Campbell Rd #180	Dallas
County:	TX	Zip Code:	75252
8. Responsible Official Telephone Number: Telephone:	(972) 732-7771	Fax:	(972) 732-7778

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Bill Shaw
10. Facility Contact Address: Street Address: City:	1889 N ML King BLVD Tallahassee
County:	
Zip Code:	32303
11. Facility Contact Telephone Number: Telephone:	(850) 383-0008
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")
<u>8/2002</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<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?**

140 gallons (You must fill this in)

(b) If less than 12 months, how many? 5 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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

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 Bill Shaw 730105
- 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.

Bill Shaw

Print name of responsible official

Bill Shaw  
Signature

2/9/04  
Date

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF AIR QUALITY MANAGEMENT  
ATMOSPHERIC POLLUTION CONTROL DIVISION

AMS I.D. 0730105

00273 RECEIVED FEB 9 2004 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):  
Bill Shaw > Bargain Cleaners

2. Site Name (For example, plant name or number):  
US Cleaners / Bargain Cleaners

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
Street Address: 1889-2 ML King BLVD  
City: Tallahassee County: Leon FL Zip Code: 32303

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

Responsible Official

6. Name and Title of Responsible Official:  
Name: Bill Shaw Title: Pres

7. Responsible Official Mailing Address:  
Organization/Firm: Bargain Cleaners 17210 Campbell Rd #180  
Street Address: 207333 0008  
City: Dallas County: TX Zip Code: 75252

8. Responsible Official Telephone Number:  
Telephone: (972) 732-7771 Fax: (972) 732-7778

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
Bill Shaw

10. Facility Contact Address:  
Street Address: 1889 NML King BLVD  
City: Tallahassee County: Zip Code: 32303

11. Facility Contact Telephone Number:  
Telephone: (850) 383-0008 Fax: ( )



Job Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

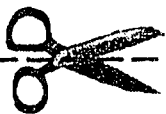
**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070



(cut here)

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**

Do NOT Remove Label

ID# 730105  
GREGORY WHITAKER  
U.S. CLEANERS  
1889-2 M L KING BLVD  
TALLAHASSEE, FL 32303

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



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

448510 MAR 7 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**

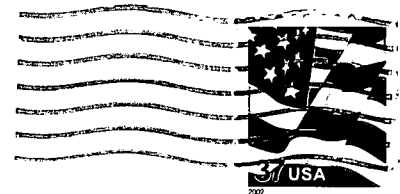
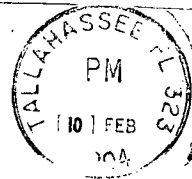
**Do NOT Remove Label**

AIRS ID#0730105.....2<sup>nd</sup> Cert 05  
U.S. CLEANERS  
1889-2 M L King Blvd  
TALLAHASSEE, FL 32303

FOR GOVERNMENT USE ONLY  
ORG.: 37550101900 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

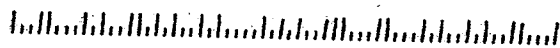
*Printed on recycled paper.*

US Cleaners  
NML King BLVD 1889-B  
Tall FL 32303



Bureau of Air Monitoring, m.s. 5510  
Dept of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

ATTN: Rick Butler

32399+2400 

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

AIRS ID# 730105 1stC  
 Sent To U.S. CLEANERS  
 Street, Apt or PO Box 1889-2 M L King Blvd  
 City, State TALLAHASSEE, FL 32303

PS Form 3800, April 2003

7004 2510 0002 3939 0256

**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# 730105 1stC  
 U.S. CLEANERS  
 1889-2 M L King Blvd  
 TALLAHASSEE, FL 32303

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery 2-11-03

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

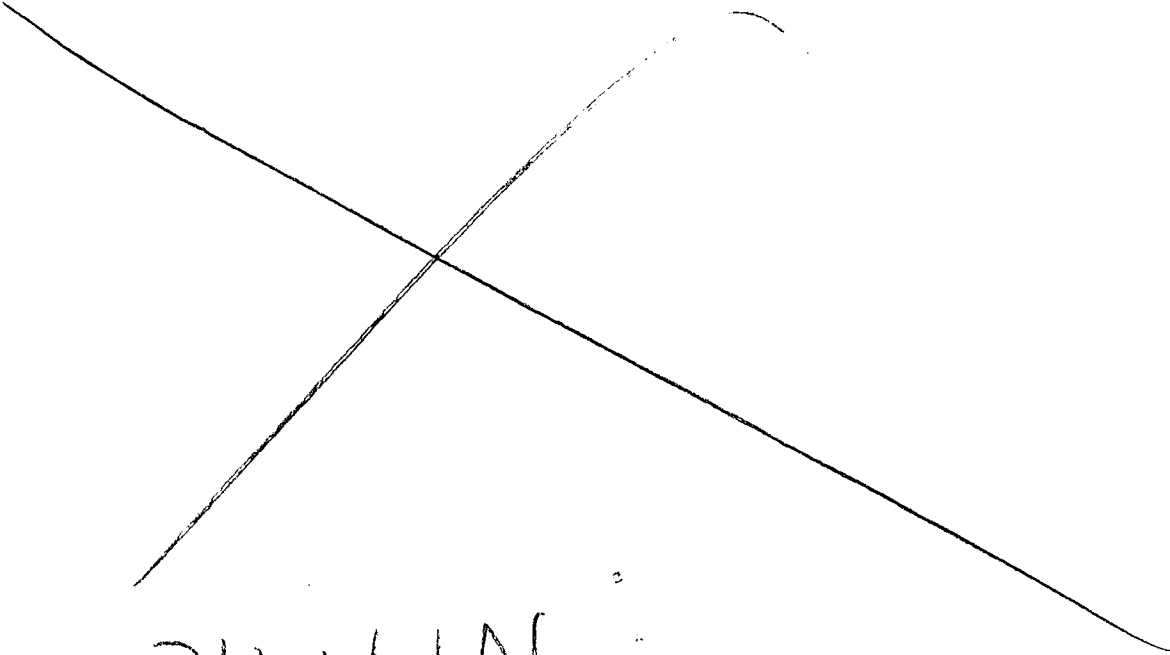
3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2.

P:



*atb/jh/n*

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  
TALLHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 18 2005  
Bureau of Air Monitoring & Mobile Sources

