

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 8, 2002

Mr. David L. Ranger  
Classic Cleaners of Belleview  
2840 Grand Traverse Circle  
Grand Island, Florida 32735

Re: Facility No.: 0830115-003

Dear Mr. Ranger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 2002.

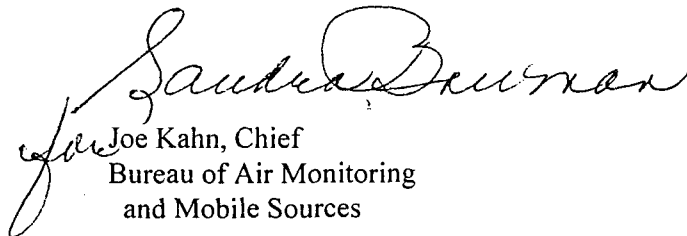
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

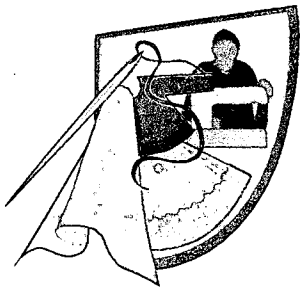
  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

*Printed on recycled paper.*



AIRS I.D. 0830115 - 003  
INACTIVE

## CLASSIC CLEANERS

RECEIVED  
OCT 14 2003  
Bureau of Air Monitoring  
& Mobile Sources

La Plaza Grande  
The Villages, Florida 32159  
(352) 750-3773

10841 U. S. Highway 441  
Bellevue, Florida 34420  
(352) 245-4900

To Whom it may concern

Is it possible to please send me all forms necessary to transfer Classic Cleaners.

1. application for transfer of Air Permit
2. Notification of Intent to use General Permit

or any other forms.

TO DAVID L. RANGER  
2840 GRAND TRAVERSE CIRCLE  
GRAND ISLAND FL 32735

David L. Ranger

Mr. David L. Ranger  
2840 Grand Traverse Cir.  
Grand Island, FL 32735



352 6696246

0830115-003

Page 16

6(b) Required for all sources. Should  
be marked.

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>EL-LES INC D/B/A CLASSIC CLEANERS</i>
2. Site Name (For example, plant name or number): <i>Classic Cleaners of Belleview</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>Classic Cleaners of Belleview</i> Street Address: <i>10841 SW Hwy 441</i> City: <i>Belleview FL</i> County: <i>Marion</i> Zip Code: <i>34420</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0830115-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>EL-LES INC DAVID L. RANGER</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>2840 GRAND TRAVERSE CIRCLE</i> City: <i>GRAND ISLAND</i> County: <i>LAKE</i> Zip Code: <i>32735</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 669-6246</i> Fax: ( ) - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>DAVID L. RANGER</i>
10. Facility Contact Address: Street Address: <i>2840 10841 US Hwy 441 S.W.</i> City: <i>BELLEVIEW</i> County: <i>MARION</i> Zip Code: <i>34420</i>
11. Facility Contact Telephone Number: Telephone: <i>(352) 245-4900</i> 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>1/15/00</u>	<u>Existing</u> /New	<u>RC/CA</u> /None required	<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?**

[ 105 ] 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?  1

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

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 # 0830115
- 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.*

DAVID L. RANGER  
Print name of responsible official

David L Ranger  
Signature

5-22-02  
Date

**APPLICATION FOR TRANSFER OF AIR PERMIT**

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUN 7 2002

Title V Permit No.\*: AIRS ID# 0830115  
 Non-Title V Permit No(s): \_\_\_\_\_

**Notification of Sale or Legal Transfer**

Facility Owner/Company Name (As Currently Permitted):	Facility ID No.: <u>0830115</u>
Site Name: <u>Classic Cleaners of Belleview</u>	County: <u>Marion</u>
Street Address or Other Locator: <u>10841 SE Hwy 441</u>	
City: <u>Belleview FL</u>	Zip Code: <u>34420</u>

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

(Signature) Name: Joseph M. Jones, Pres. Title: Pres. Date: 5/22/02  
 STATE OF FLORIDA COUNTY OF Marion Sworn to (or affirmed) and subscribed before me this 22 day of 2002  
 (Signature of Notary Public - State of Florida) (NOTARY SEAL) (Name of Notary Typed,  
 Printed, or Stamped) Personally Known OR Produced Identification Type of Identification Produced \_\_\_\_\_

\* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440 (3)(a)2.b., F.A.C.

Notary Public State of Florida  
 WILLIAM L. FOX  
 Commission #CC742742  
 Expires 8/21/2002

**Notification of New Ownership**

New Facility Owner/Company Name: <u>EL-LES INC DBA CLASSIC CLEANERS</u>	Expires <u>8/21/2002</u>
New Site Name: <u>SAME</u>	County: <u>MARION</u>

I, the undersigned, am or will be the new owner or authorized representative\* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility. (Signature)- Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Effective Date of Sale or Legal Transfer: \_\_\_\_\_ (If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C. David L. Ranger, Marion)

STATE OF FLORIDA COUNTY OF Marion Sworn to (or affirmed) and subscribed before me this 3 day of 6 2002  
 (Signature of Notary Public - State of Florida) (NOTARY SEAL) (Name of Notary Typed,  
 Printed, or Stamped) FL DL R526-172-36-081-0 David L. Ranger.  
 Type of Identification Produced \_\_\_\_\_

\* Attach letter of authorization if other than owner or corporate officer.

Brenda L. Hawter  
 Notary





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.

436153 FEB 9 2004

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

**860115**  
WILLIAM McDERMOTT  
THE DRY CLEANER  
3269 SW 12ND AVENUE  
PALM CITY FL 34990

**RECEIVED**  
**FEB 13 2004**

Bureau of Air Monitoring  
& Mobile

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