

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

November 16, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Heide S. Baker Classic Cleaners of Ocala 1825 Northeast 23<sup>rd</sup> Street Ocala, Florida 34470

Re: Facility No.: 0830121-002

Dear Ms. Baker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 12, 2007.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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 F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mrs. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY ......
EMISSION FEE DATES ......
SOC REPORTS ......
COMPLIANCE STATUS .....

INSP-INSP-Compliance Inspection 1/1/1998 INSP-Marion Co-CD-CShine

OCT 2 2007

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

∠ Of Air iv. a.i.j & 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. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

	Facility Owner/Company Name (Name of cornger Investment LLC	poration, agency, or in	dividual owner):	
2. Cla	Site Name (For example, plant name or numbersic Cleaners of Ocala	er):		
3.	Hazardous Waste Generator Identification Nur FLD 981026545	mber:		
4.	Facility Location:			
	Street Address: City: 2641 SW College Rd Count	y: Marion	Zip Code:34474	
5.	Facility Identification Number (DEP Use ONL	.Y - do not fill in):	183012	1-1
Res	ponsible Official			
6.	Name and Title of Responsible Official:	_		
Nar	ne: Heide S Baker	Title: M	anager	
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 1825 NE 23 <sup>rd</sup> St			
	City: Ocala County: M	larion	Zip Code: 34470	
8.	Responsible Official Telephone Number: Telephone: (352 ) 875 -8729	∜Fax: (3	352 )369 -5616	
Fac	ility Contact (If different from Responsible (	Official)		
9.	Name and Title of Facility Contact (For example Beverloo			
10.	Facility Contact Address:			
	Street Address: 4482 Avocet Ct.			
	City: Inverness County: M	arion	Zip Code: 34453	
11.	Facility Contact Telephone Number:			
	Telephone: (352 ) 726 - 3563	Fax: (	) -	
<del></del>				

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

**Facility Name and Location** 

### **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 (circle one) (circle one) (if already included at time of purchase, write "SAME") SAMF 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 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 (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 adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [150] gallons (You must fill this in) Last ye (b) If less than 12 months, how many? [ ] months Check why it is less than 12 months: New owner: [X] Did not keep records: [

DEP Form No. 62-213.900(2) Effective: 2/24/99 New store: [\_\_\_] New machine [\_\_\_]

Unopened store [ ] (date of expected opening )

3. What is the facility's source classification based on Indicate with an "X". Select one classification o	
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 particles (Indicate with an "X".)	oursuant 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 []
	nits shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption d memo for the criteria).
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:	451
What type of fuel do you use?  [] propane [] No. 2 fuel [] No. 6 fuel	**************************************
6. Equipment Monitoring and Recordkeeping Information	ation
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 ac	ddition log
(b) Leak detection inspection and repair	toring
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring
(e) Startup, shutdown, malfunction plan	[ <u>/</u> .]

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

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

Cecily Tart

Fax #: 850-921-9513

From:

HEIDE BAKER

Date:

October 29, 2007

Re:

**EPA Forms** 

Pages:

☐ Urgent ☐ For Review

□ Please Comment

☐ Please Reply

☐ Please Recycle

Cecily,

Here are the completed forms. If there is anything else I forgot please let me know. Thanks for all your help.

Sincerely,

Heide Baker

Survey of 2 9 2007 E

Date Initially Purchased From Manufacturer		provide the following information: Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1 1997	Existing	w BC/CA/None required	* Some
	ExistingNe	w RC/CA/Name required	
	Existing/Ne	w RC/CA/None required	·
CONTROL DEVICE	LEY: RC = n	ofrigerated condensor CA	= carpon styrother
(.(b) Transfer Mai	CHINES ONLY		
How many washers do y		* 1 3 S	
How many dryers/seclar		a-site?elf	•
mit. If the transfer mach 1993, it is a NEW unit ( seemit). For each trans	tine was purchased no units purchased for machine on-site,	from the manufacturer between laster September 22, 1993 are all please provide the following in	Describer 9, 1991 and September 2 owed to operate under this general formation:
unit. If the transfer mach 1993, it is a NEW unit ( permit). For each trans Date Initially Purchased	tine was purchased no units purchased for machine on-site,	from the manufacturer between I after September 22, 1993 are all	
unit. If the transfer mach 1993, it is a NEW unit ( permit). For each trans Date biitially Purchased	tine was purchased no units purchased for machine on-site, Status	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required*	Describer 9, 1991 and September 2 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
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unit. If the transfer mach 1993, it is a NEW unit ( permit). For each trans Date Initially Purchased Prom Manufacturer 1989	ine was purchased no units purchased for machine on-site.  Status (circle one)  Existing New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	Describer 9, 1991 and September 2  owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit (permit). For each transform Manufacturer  19.29  *CONTROL DEVICE I	ine was purchased no units purchased for machine on-site.  Status (circle one)  Existing New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  driggrated condenser CA  ave you used within the last 12 to	Describer 9, 1991 and September 2 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit (permit). For each transit Date Initially Purchased From Manufacturer  1929  *CONTROL DEVICE I	ine was purchased no units purchased for machine on-site.  Status (circle one)  Existing/New Existing/New Existing/New Existing/New CEY: RC = re prosthylene (pero) is	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Acting rated condenser CA  ave you used within the last 12 to this in)	Describer 9, 1991 and September 2 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit ( petroit). For each trans Date Initially Purchased Prom Manufacturer  17.25  *CONTROL DEVICE I	ine was purchased no units purchased for machine on-site.  Status (circle one)  Existing/New Existing/New Existing/New Existing/New CEY: RC = re prosthylene (pero) is	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  driggrated condensor  CA  ave you used within the last 12 to this in)	Describer 9, 1991 and September 2 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mach 1993, it is a NEW unit ( petroit). For each trans Date Initially Purchased Prom Manufacturer  17.25  *CONTROL DEVICE I	Existing/New	from the manufacturer between I after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  driggrated condensor  CA  ave you used within the last 12 to this in)	Describer 9, 1991 and September 2 weed to operate under this general formation:  Date Control Device Installed (if shready instituted at time of purchase, write "SAMS")  ** carbon adsorber  nouths?

PAGE 83/84

DEP Form No. 62-213,900(2) Effective: 2/24/99

	•				
3. What is the facility's source classific	ration based on the c classification only.)	definitions found in section (3) of Part I	Π?		
Small Area Source					
Transfer only on-site		d less than 200 gallons of perc per year	r)		
Large Area Source	[]		•		
Transfer only on-sit	e (use	d 200 - 1,800 gallons of perc per year)	1		
What control technology is required (Indicate with an "X".)	I on machines pursu	ant to section (5) of Part II of this notif	Scation form?		
(NONE REQUIRED)	ea source	New machines at small area source Refrigerated condenser	*		
Existing machines at large at Carbon adsorber [ Refrigerated condenser [	BA SOURCE	New machines at large area sonno Refrigerated condenser			
Rule 62-213.300, F.A.C. Verify that	all steam and hot wa	iter generating units on-site meet the fo	ermit pursuant t llowing exempti		
All steam and hot water generating us No such units on-site	its exempt [M	OR			
How many bollers do you have on-situ	? [				
For each boiler, indicate its horsepow	er (HP) rating: [	الالا			
What type of fuel do you use?	No. 2 fuel oil No. 6 fuel oil	natural gas finel oil Other (please list)	·		
6. Equipment Monitoring and Record	keeping 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 purc	hases/solvent audit	en los			
(b) Leak detection inspection and repe	ir				
(c) Refrigerated condenser temperatur	e monitoring				
(d) Carbon adsorber exhaust perc con	centration monitorin	<b>8</b> '	•		
(e) Startup, shutdown, malfunction pl	<del>à</del> va	ر			
	Indicate with an "X" Select one Small Area Source  Dry-to-dry machines Transfer only on-site Both machine types  Large Area Source  Dry-to-dry machines Transfer only on-site Both machine types  Mat control technology is required (Indicate with an "X".)  Existing machines at large at Carbon adsorber  Refrigerated condenser  Large Area Source  Dry-to-dry machines types  Indicate types  Existing machines at large at Carbon adsorber  Refrigerated condenser  Large Area Source  Dry-to-dry machines types  Indicate types  Existing machines at large at Carbon adsorber  Refrigerated condenser  Large Area Source  Dry-to-dry machines  Transfer only on-site  Existing machines at large at Carbon adsorber  Refrigerated condenser generating and No such units on-site  How many boilers do you have on-site  For eather-lar indicate its horsepown  What type of fuel do you use?  Large Area Source  Dry-to-dry machines  Existing machines at large at Carbon and repaired technology  Indicate its horsepown  What type of fuel do you use?  Large Area Source  Dry-to-dry machines  Existing machines at large at larg	Indicate with as "X" Select one classification only.)  Small Area Source  Dry-to-dry machines only off-site (use Both machine types on-site (use Transfer only on-site (use Transfer only on-site (use Transfer only on-site (use Both machine types on-site (use Both machine types on-site (use Refrigerated technology is required on machines pursu (Indicate with an "X".)  Existing machines at small area source (NONE REQUIRED)  Existing machines at large area source (NONE REQUIRED)  Existing machines at large area source (NONE REQUIRED)  S. A facility which contains non-exempt emissions units retire or that no such units exist on-site (see attached me All steam and hot water generating units exempt No such units on-site  How many boilers do you have on-site?  How many boilers do you have on-site?  What type of fuel do you use?  I propage  No. 2 fuel oil  6. Equipment Monitoring and Recordkeeping information Check all logs which are required to be kent on-site in acc (a) Purchase receipts and solvent purchases/solvent such (b) Leak detection inspection and repair  (c) Refrigerated condeducer temperature monitoring	Dry-to-dry machines only off-wise Transfer only on-site Both machine types on-site  Large Area Source  Dry-to-dry machines only on-site  Large Area Source  Dry-to-dry machines only on-site  Cused less than 140 gallons of perc per year than 140 gallons of perc per year (used less than 140 gallons of perc per year (used less than 140 gallons of perc per year (used 200 - 1,800 gallons of perc per year)  Both machine types on-site  Both machine types on-site  Both machine types on-site  (used 140 - 2,100 gallons of perc per year)  (used 140 - 1,800 gallons of perc per year)  Mew machines at large area source  (NONE REQUIRED)  Existing machines at large area source  (NONE REQUIRED)  Existing machines at large area source  Carbon adsorber  Refrigerated condenser  S. A facility which contains non-exempt emissions units shall not be eligible to use the general percentage and not water generating units on-site meet the foreiteria or that as such units exist on-site (see attached mem for the criteria).  All steam and hot water generating units exempt  No such and so when units exist on-site (see attached mem for the criteria).  What type of fuel do you use?  I propage  No. 2 fuel oil  No. 6 fuel oil  Other (please large)  Check all logs which are required to be kept on-site in accordance with the requirements of this of the criteria of the criteria.  All steam and hot water generating units con-site meet the formation on-site?  For eachi-wide indicate its horsepower (HF) rating:  No. 2 fuel oil  No. 6 fuel oil  Other (please large)  Check all logs which are required to be kept on-site in accordance with the requirements of this of the criteria		

DEP Form No. 62-213.900(2) Effective: 2/24/99 15



### 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.

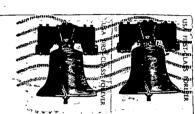
Pac	cility Name and Loca	tion				
1.	Facility Owner/Comp	sany Name (N:	ame of corporation	on, agency, or indiv	ridual owner):	. }
	Grange	t ten	ivestn	rent L	IC.	
2.	Site Name (For exam	ple, plant name	or number):	_		. ]
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3_	Hazardous Waste Ge	nerator Identifi	cation Number:	,		
						[
4.	Facility Location:		<del></del>			
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	City:		County:		Zip Code:	
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Re	sponsible Official					
6,	Name and Title of Re	esponsible Offi	cial:			
Va	me: Heide	S. Ba	KEL	Title:		
7.	Responsible Official	Mailing Addre	ss:	7		
	Organization/Firm:					· 1
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	City:		County:		Zip Code:	•
8.	Responsible Official	Telephone Nu	mber:	<del></del>		
	Telephone: (	) -		Fax: (	<b>)</b>	
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Pa	cility Contact (If diffe	erent from Res	ronsible Officia	0		,;
	Name and Title of Fa					7
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10.	Facility Contact Add					1
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0.	,		County:		Zip Code:	
	Street Address: City:			· .	Zip Code:	
	Street Address;			Fax: (	Zip Code:	

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

13

Classic Chances of Coola 26 411 College RD. D'Coola Ocola, 71 3 04/74

GAINESVILLE/GNV FL 326 2 T 11 OCT 2007 PM



Heneral Princito Section
Bureau of Lie Honitoring MS5510
Dipt. of Environmental Protection
2600 Blair Stone Ro.
Tallahassee, 71. 32399-2400

32355+6542

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