

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 5, 2005

Mr. Adam R. Clarke
The Great White Cleaning Company
3269 Southwest 42nd Avenue
Palm City, Florida 34990

Re: Facility No.: 0850115-003

Dear Mr. Clarke:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 09, 2005.


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. Darrell Graziani, Southeast District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES *196-2004*.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS *3*.....
COMP. STATUS - SNG MNC *(IN)*
2/19/2004

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

MAY 09 2005

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

SED

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>The Great White Cleaning Company</i>		
2. Site Name (For example, plant name or number)			
3. Hazardous Waste Generator Identification Number:	<i>Not known</i>		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	<i>3209 SW 42nd Avenue</i>	<i>Dalm City</i>	<i>Martin 34990</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in)	<i>0850115-003</i>		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	<i>Adam R. Clarke</i>	<i>President</i>
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone:	Fax:
	<i>(772) 288-6524</i>	<i>(772) 288-3981</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Adam Clarke</i>		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	<i>(772) 288-6524</i>	<i>(772) 288-3981</i>	

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")
<u>1989 CB-Dec-91</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	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

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?

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: 20

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

Responsible Official Certification

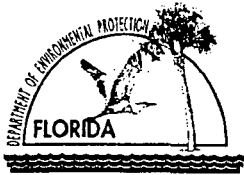
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Adam R. Clarke
Print name of responsible official


Signature

4/20/05
Date



Department of Environmental Protection

Division of Air Resource Management

STATEMENT OF COMPLIANCE - TITLE V SOURCE

REASON FOR SUBMISSION (Check one to indicate why this statement of compliance is being submitted)

<input checked="" type="checkbox"/> Annual Requirement	<input type="checkbox"/> Transfer of Permit	<input type="checkbox"/> Permanent Facility Shutdown
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REPORTING PERIOD*	REPORT DEADLINE**
Jan 15 th through Dec 31 st of 2005 (year)	

*The statement of compliance must cover all conditions that were in effect during the indicated reporting period, including any conditions that were added, deleted, or changed through permit revision.

**See Rule 62-213.440(3)(a)2., F.A.C.

Facility Owner/Company Name: The Great White Cleaning Company

Site Name: _____ Facility ID No. _____ County: Martin

COMPLIANCE STATEMENT (Check only one of the following three options)

A. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, and there were no reportable incidents of deviations from applicable requirements associated with any malfunction or breakdown of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above.

B. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part; however, there were one or more reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each incident of deviation, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

C. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, EXCEPT those identified in the pages attached to this report and any reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each item of noncompliance, the following information is included:

1. Emissions unit identification number.
2. Specific permit condition number (note whether the permit condition has been added, deleted, or changed during certification period).
3. Description of the requirement of the permit condition.
4. Basis for the determination of noncompliance (for monitored parameters, indicate whether monitoring was continuous, i.e., recorded at least every 15 minutes, or intermittent).
5. Beginning and ending dates of periods of noncompliance.
6. Identification of the probable cause of noncompliance and description of corrective action or preventative measures implemented.
7. Dates of any reports previously submitted identifying this incident of noncompliance.


For each incident of deviation, as described in paragraph B. above, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

STATEMENT OF COMPLIANCE - TITLE V SOURCE

RESPONSIBLE OFFICIAL CERTIFICATION

I, the undersigned, am a responsible official (Title V air permit application or responsible official notification form on file with the Department) of the Title V source for which this document is being submitted. With respect to all matters other than Acid Rain program requirements, I hereby certify, based on the information and belief formed after reasonable inquiry, that the statements made and data contained in this document are true, accurate, and complete.



(Signature of Title V Source Responsible Official) 4/20/05

(Date)

Name: Adam R. Clarke Title: President

DESIGNATED REPRESENTATIVE CERTIFICATION (only applicable to Acid Rain source)

I, the undersigned, am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

(Signature of Acid Rain Source Designated Representative) _____
(Date)

Name: _____ Title: _____

{Note: Attachments, if required, are created by a responsible official or designated representative, as appropriate, and should consist of the information specified and any supporting records. Additional information may also be attached by a responsible official or designated representative when elaboration is required for clarity. This report is to be submitted to both the compliance authority (DEP district or local air program) and the U.S. Environmental Protection Agency(EPA) (U.S. EPA Region 4, Air and EPCRA Enforcement Branch, 61 Forsyth Street, Atlanta GA 30303).}

May 4, 2005

Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and mobile Sources, MS 5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Permit Application

Dear DEP Representative:

I am forwarding the permit application relative to the purchase of a dry cleaning facility in early 2005. Per the direction of a representative from your office (Sean Hobbs) who visited my facility recently, I was to forward these completed applications to apply for permit transfer. The previous owner had operated at this location for the previous 12 years.

Please review the completed paperwork and let me know if there is anything further that I need to complete in order to obtain my permit. I can be contacted at the plant at (772) 288-6526 or on my cellphone at (772) 342-6992.

I appreciate your assistance and patience as I am new to the industry and unfamiliar with some of the procedures.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Clarke', with a large, stylized flourish at the end.

Adam Clarke
President/"The Great White Cleaning Company"

Encl.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR OPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label

473516 APR 25 2007

RECEIVED

TOTAL AMOUNT DUE: \$50.00

APR 27 2007

Do NOT Remove Label

AIRS ID# 850115
GREAT WHITE CLEANING
COMPANY
3269 SW 42nd Avenue
PALM CITY, FLORIDA 34990

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.

THE GREAT WHITE CLEANING COMPANY

2826

Department of Environmental Protection

3/31/2007

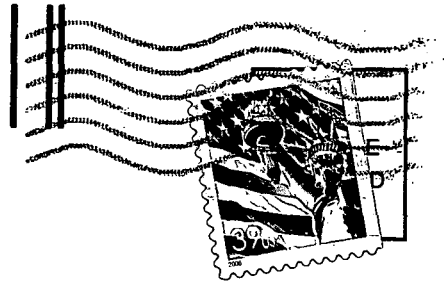
50.00

First Peoples - Checki

50.00

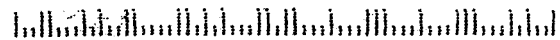
Grant White Cleaning
3269 SW 4th Ave
Palmer City FL 34990

WEST PALM BEACH
FL 334 3
23 APR 2007 PM



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

323153070 8099



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

461525 MAY18 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 850115
GREAT WHITE CLEANING COMPANY
3269 SW 42nd Avenue
PALM CITY, FL 34990

Bureau of Air Miltorm
& Mobile Sources
MAY 18 2006

RECEIVED
FLAIR ACCT. CODE 372020350013755010000
BENEFITING OBJECT CODE 002000
BENEFITING CATEGORY 000200

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

456235 NOV 28 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0850115 2nd Cent 05
THE DRY CLEANER
3269 SW 42nd Avenue
PALM CITY, FL 34990

New Company Name
The Great White Cleaning Co.
3269 SW 42nd Ave.
Palm City FL 34990

FOR GOVERNMENT USE ONLY
ORG: 37550101000 EO: A3
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.