

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 31 2001

Mr. Gary Dean Jr.  
Destin Cleaners  
1654 Highway 98 West  
Mary Esther, Florida 32569

Re: Facility No.: 0910068-002

Dear Mr. Dean:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 2001.

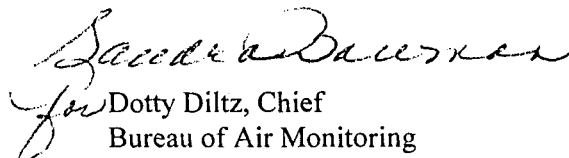
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

DD/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid  
800 ✓

0910068-002

p15

1(a) Existing should be circled  
under Status

add date control device installed.

If someone's purchase date, add some.

p17

Responsible official sign and date  
for changes made.

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>Emerald Coast Cleaners Inc.</i>
2. Site Name (For example, plant name or number): <i>DBA Destin Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLCESQB</i>
4. Facility Location: Street Address: City: <i>Mary Esther</i> Th. County: <i>Okaloosa</i> Zip Code: <i>32569</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0910068-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Gary (Dan) Dean Jr.</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>DESTIN CLEANERS</i> Street Address: <i>1654 Hwy. 98 W.</i> City: <i>Mary Esther, FL</i> Zip Code: <i>32569</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 581-9075</i> Fax: <i>(850) 581-3417</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - 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")
89 Model	(?) 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:

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?**

[ 180 ] 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?

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 \_\_\_\_\_
- 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.*

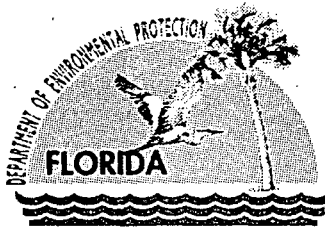
Gary D. Daen Jr.  
Print name of responsible official

[Signature]  
Signature

6-18-01  
Date

RECEIVED  
20  
JUN 02 2001  
Bureau of Air Monitoring  
& Mobile Sources  
6/29/01  
[Signature]  
corrected

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



Jeb Bush  
Governor

*COLLECTED*  
*copy*

# Department of Environmental Protection

Northwest District  
160 Governmental Center  
Pensacola, Florida 32501-5794

David B. Struhs  
Secretary

July 30, 2001

Gary Dean, Jr.  
Destin Cleaners  
1654 W Hwy 98t  
Mary Ester FL 32569

**RECEIVED**

AUG 28 2001

**BENEFIT RECOVERY  
PROGRAM**

Dear Mr. Dean:

The Notification of Intent to Use General Permit form you recently submitted requires correction. Please make the following corrections on the enclosed form:

1. On page 16, paragraph 1(a): "Existing" should be circled and date control device installed should be marked "same".
2. On page 17, paragraph 7: Mark the second block.
3. Initial and date changes and re-sign and date the Responsible Official Certification on page 17 and return the corrected form to this office.

If you have any questions, please call me at (850) 595-8364, extension 1222.

Sincerely,

Charles M. Norman  
Compliance Inspector

CMN:cnc

Enclosure

**RECEIVED**  
SEP - 4 2001  
Bureau of Air Monitoring  
C. Mobile Sources  
NORTHWEST FLORIDA  
SEP

North west District Attn  
160 Governmental Center C. Norman  
Pensacola Fl. 32501-5794 "More Protection, Less Process"



0910068-002

P15  
1(a) Existing should be circled  
under Status

add date control device installed.  
If some as purchase date, add some.

rm. Send  
your files.

Facili	
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P17  
Responsible Official sign and date  
for changes made.

P17, para 7. "X" the second block.

9

2

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RECEIVED  
SEP - 4 2001  
Bureau of Air Monitoring  
& Air Quality Sources

Facilit	
9. Ne	
-	
10. Fa	
-	
Street Address:	
City:	County:
Zip Code:	
-	
11. Facility Contact Telephone Number:	
Telephone: ( )	Fax: ( )

CORRECTED COPY

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP - 4 1999  
OUR OFFICE OF AIR AND WATER QUALITY  
REGULATORY SERVICES

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):	Emerald Coast Cleaners Inc.		
2. Site Name (For example, plant name or number):	DBA Destin Cleaners		
3. Hazardous Waste Generator Identification Number:	FLCESQB		
4. Facility Location:			
Street Address:			
City:	Mary Esther Fl.	County:	Okaloosa
		Zip Code:	32569
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0910068-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Gary (Dan) Dean Jr.	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	DESTIN CLEANERS		
Street Address:	1654 Hwy. 98 W.		
City:	Mary Esther, FL	County:	Okaloosa
		Zip Code:	32569
8. Responsible Official Telephone Number:			
Telephone:	(850) 581-9075	Fax:	(850) 581-3417

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -

**Facility Information**

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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")
89 Model	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

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?**

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".)

- |   |   |
|---|---|
| <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 type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input checked="" 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?  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:

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- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
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7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Guy D. Dean Jr.  
Print name of responsible official

[Signature]  
Signature

6-18-01  
Date

8-23-01

RECEIVED

JUN 02 2001

Bureau of Air Monitoring  
& Mobile Sources

[Handwritten notes and signatures]

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458323 JAN232006

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

910068 10  
DESTIN CLEANERS  
1654 Hwy 98 W  
MARY ESTHER, FL 32569

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.

RECEIVED  
JAN 25 2006  
Bureau of Child Support Services

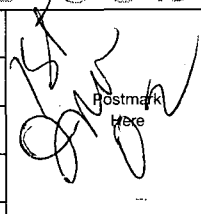
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

7000 1670 0013 3109 4781

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

Postmark  
Here



Total Po

AIRS ID#0910068

Sent To **DESTIN CLEANERS**  
**GARY D DEAN JR**  
 Street, Ap **1654 HWY 98 W**  
**MARY ESTHER FL**  
 City, State **32569**

PS Form 3811, August 2001

**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#0910068

**DESTIN CLEANERS**  
**GARY D DEAN JR**  
**1654 HWY 98 W**  
**MARY ESTHER FL**  
**32569**

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3109 4781

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
**Gary D. Dean**

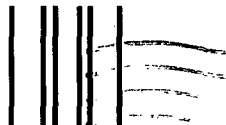
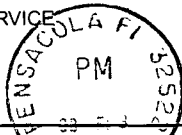
C. Date of Delivery  
**7 Feb 03**

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

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413694 JAN31 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**

Do **NOT** Remove Label

AIRS ID # 0910068

DESTIN CLEANERS  
GARY D DEAN JR  
1654 HWY 98 W  
MARY ESTHER FL  
32569

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

EMERALD COAST CLEANERS, INC. / DBA DESTIN CLEANERS

DEPARTMENT OF ENVIROMENTAL PROTECTION

1/23/02

002227

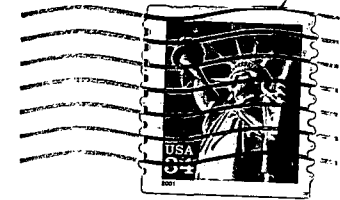
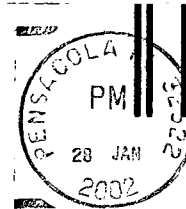
50.00

Business Checking

TITLE V AIR GENERAL PERMIT

50.00

DESTIN CLEANERS  
1654 Hwy. 98 W.  
Mary Esther, FL 32569



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

32315+3070 99





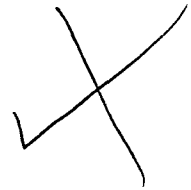
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436449 FEB172004

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  
FEB 20 2004  
Bureau of Air Monitoring  
& Mobile Sources



Do NOT Remove Label

ID# 910068  
GARY DEAN  
DESTIN CLEANERS  
1654 HWY 98 W  
MARY ESTHER, FL 32569

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443960 DEC30 2004

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# 910068      10 DESTIN CLEANERS 1654 Hwy 98 W MARY ESTHER, FL 32569
--

**RECEIVED**  
JAN 3 2004  
Bureau of Air Monitoring  
& Mobile Sources


<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
---

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**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 Pos ID# 910068

Sent To GARY DEAN  
 DESTIN CLEANERS

Street, Apt. or PO Box 1654 HWY 98 W  
 City, State, MARY ESTHER, FL 32569

PS Form 3800, June 2002 See Reverse for Instructions

4411 1595 E000 0922 E002

**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:

ID# 910068  
 GARY DEAN  
 DESTIN CLEANERS  
 1654 HWY 98 W  
 MARY ESTHER, FL 32569

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 x Denise Robinson  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Denise Robinson Feb 23

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7003 2260 0003 5651 1144

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 •

DARWIN/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423777 FEB26 2003

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DESTIN CLEANERS  
GARY D DEAN JR  
1654 HWY 98 W  
MARY ESTHER FL  
32569

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