

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 7, 2001

Mr. James Schanbeck  
Star Industrial Dry Cleaners & Laundry  
1104 - 27<sup>th</sup> Street  
Niceville, Florida 32578

Re: Facility No.: 0910072-002

Dear Mr. Schanbeck:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 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,

  
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 97-00  
SOC 5  
Compliance IN

## Grant, Patricia

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**From:** Thomas, Bruce X.  
**Sent:** Friday, July 28, 2006 1:12 PM  
**To:** Norman, Charles; Bowman, Sandy  
**Cc:** Grant, Patricia  
**Subject:** RE: Star Industrial Dry Cleaners & Laundry-0910072

Charlie,

The facility status has been changed to inactive. Thanks, Bruce

Bruce Thomas, P.E.  
Division of Air Resource Management  
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

---

**From:** Norman, Charles  
**Sent:** Friday, July 28, 2006 11:09 AM  
**To:** Bowman, Sandy; Thomas, Bruce X.  
**Subject:** Star Industrial Dry Cleaners & Laundry-0910072

Store ceased perc use Dec 30, 2005. New Marvel machines that use DF 2000 were installed the first week of Jan 2006. Pleas make Inactive.

Charlie

Charles M. Norman  
Air Compliance Inspector.  
850/595-8300 ext. 1222

Please note: Florida has a very broad public records law. Most written communications to or from state officials are public records and may be made available to the public or media upon request. This e-mail communication, your reply, and future e-mails to my attention may therefore be subject to public disclosure

0910072-002

Page 15

(a) New should be circled under Status for each machine.

Page 16

New machines at large area source should be marked. Mark with "v" under existing machines at large area source.

b.(c) Required for all sources.

Page 17

Responsible official sign and date for changes made.

COLLECTED copy

Tally copy

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NOV - 5 2001

Bureau of Air Monitoring  
3347 2000

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources  
JAN - 2 2002

RECEIVED

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): James Schanbeck Star Industrial Drycleaners & Laundry
2. Site Name (For example, plant name or number): Star Industrial Drycleaners & Laundry
3. Hazardous Waste Generator Identification Number: OUR US EPA ID # FLR000029918
4. Facility Location: Street Address: 920 Valastics Ave. City: Valparaiso, FL County: Okaloosa Zip Code: 32580
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0910072-002

Responsible Official

6. Name and Title of Responsible Official: Name: James Schanbeck Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: James Schanbeck Street Address: 1104 27th St. City: Newville, FL County: Okaloosa Zip Code: 32578
8. Responsible Official Telephone Number: Telephone: (850) 729-2090 morning Fax: ( ) nm 678-6359

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?

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")
1996	Existing	RC/CA/None required	SAME
1993	Existing	RC/CA/None required	SAME
	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"/> B-2001 | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> B-20-01 |

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:  100

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  B-20-01

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 0910072
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

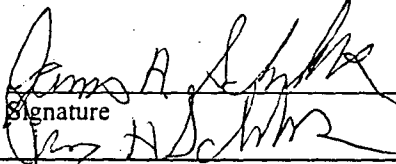
**Responsible Official Certification**

*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.*

James A. Schanbeck

Print name of responsible official

  
Signature

11/2/01  
Date 12/20/01



RECEIVED

NOV - 5 2001

Bureau of Air Monitoring & Mobile Sources  
PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
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- 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

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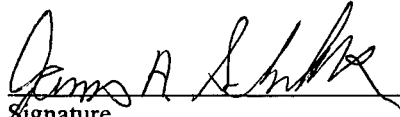
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*I will promptly notify the Department of any changes to the information contained in this notification.*

James H. Schanbeck

Print name of responsible official

  
Signature

11/2/01  
Date

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. 456981 DEC 19 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

910072 10  
STAR INDUSTRIAL DRYCLEANERS &  
LAUNDRY  
1668 19th ST  
NICEVILLE, FL 32578

Office of Air Monitoring  
& Mobile Sources

DEC 21 2005

RECEIVED

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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422987 FEB14 2003

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#0910072  
STAR INDUSTRIAL DRYCLEANERS &  
LAUNDRY  
JAMES SCHANBECK  
1104 27TH STREET  
NICEVILLE FL 32578

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

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FEB 19 2003  
Bureau of Air Mail  
& Mobile Mail  
Post Office

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435767 JAN28 2004

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

location is still the same. Just mailing address to be changed

Do NOT Remove Label

910072  
JAMES SCHANBECK  
STAR INDUSTRIAL DRYCLEANERS &  
LAUNDRY

1104 27TH STREET  
NICEVILLE FL 32578

change address

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

Bureau of  
Multiple Sources  
JAN 30 2004


RECEIVED

change address to 920 Valastics Ave.  
Valparaiso, FL 32580

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

**OFFICIAL USE**

7000 1670 0013 3109 4835

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>		<b>AIRS ID#0910072</b>
Sent to <b>STAR INDUSTRIAL DRYCLEANERS &amp; LAUNDRY</b> Street, <b>JAMES SCHANBECK</b> 1104 27TH STREET City, St <b>NICEVILLE FL 32578</b>		

PS Form 3811, August 2001 See Reverse for Instructions

**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:

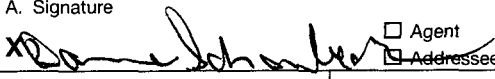
AIRS ID#0910072

STAR INDUSTRIAL DRYCLEANERS &  
 LAUNDRY  
 JAMES SCHANBECK  
 1104 27TH STREET  
 NICEVILLE FL 32578

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3109 4835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  


B. Received by (Printed Name) C. Date of Delivery  
 Danza Schanbeck 2/10/03

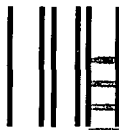
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 •

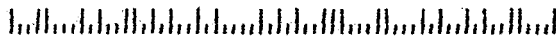
BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Source  
USPS

FEB 12 2003

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32399+2400





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412014 DEC21 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

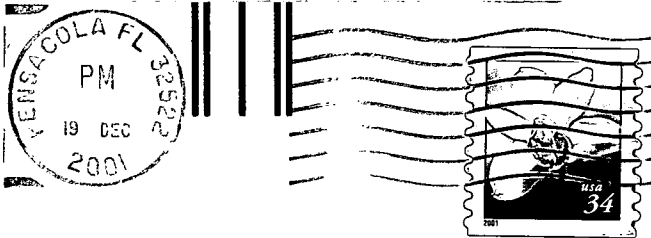
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0910072  
STAR INDUSTRIAL DRYCLN & LAUNDRY  
JAMES SCHANBECK  
1104 27TH STREET  
NICEVILLE FL  
32578

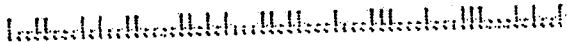
FOR GOVERNMENT USE ONLY  
Org.: 3755010100 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

James & Donna Schanbeck  
1104 27th St.  
Niceville, FL 32578



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

32315+3070 99



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

443518 DEC202004

**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# 910072 10  
STAR INDUSTRIAL DRYCLEANERS &  
LAUNDRY  
920 Valastics Ave  
VALPARAISO, FL 32580

**FOR GOVERNMENT USE ONLY**  
**ORG.: 37550101000 EO: A1**  
**FUND: 20-2-035001**  
**OBJECT: 002273**

*Printed on recycled paper.*