



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 3, 2001

Mr. Howard Nickelsen
Nickelsen Cleaners
5157 West Colonial Drive
Orlando, Florida 32808

Re: Facility No.: 0950296-002.

Dear Mr. Nickelsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 2001.

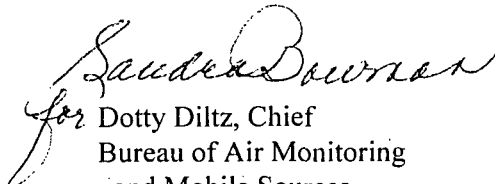
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 3
Compliance IN

0950296-002

P15 1(a) None Required should be circled
under Control Device Required.

Date Control Device Installed should
be blank.

P17

Responsible official sign and date
for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel.: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 25 2001
Bureau of Air Monitoring
& 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 Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>HOWARD E. Nickelsen</i>
2. Site Name (For example, plant name or number): <i>Nickelsen Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 010 820 918</i>
4. Facility Location: Street Address: <i>5757 W. COLONIAL DRIVE</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32808</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950296-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>HOWARD Nickelsen</i> Title: <i>OWNER-OPERATOR</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>SAME</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 298-7855</i> Fax: () -

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")
11/1/89	Existing	RC/CA/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".)

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 0950296
- 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.

HOWARD E. NICKELSEN

Print name of responsible official

Howard E. Nickelsen

Signature

6/21/01

Date

7-3-01

0950296-002

P15 1(a) None Required should be circled under Control Device Required.

Date Control Device Installed should be blank.

OCT 15 2001

By Bureau of Air Monitoring & Mobile Sources

Monitoring id les.

RECEIVED

Prior to complete

Facility Name

1. Facility Name
2. Site Name
3. Hazardous
4. Facility Street Address City
5. Facility

P17

Responsible official, sign and date for changes made.

RECEIVED AUG - 6 2001

Responsible

6. Name and Address
7. Responsible Organization Street Address City
8. Responsible Telephone

Facility Contact

9. Name and Address
10. Facility Contact Address: Street Address, City, County, Zip Code
11. Facility Contact Telephone Number: Telephone, Fax

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 25 2001
Bureau of Air Monitoring
& Mobile Sources

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4. Facility Location:	Street Address:	City:	County: Zip Code:
	5757 W. Colonial Drive	Orlando	Orange 32808
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950296-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	HOWARD Nickelsen	OWNER-OPERATOR
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
		SAME
	City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone:	Fax: ()
	(407) 298-7855	

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RECEIVED
AUG - 6 2001
ORANGE COUNTY ENVIRONMENTAL
PROTECTION DIVISION

RECEIVED
JUL - 9 2001
Bureau of Air Monitoring
& Mobile Sources

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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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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:

What type of fuel do you use?

propane

No. 2 fuel oil

No. 6 fuel oil

natural gas

No. 4 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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(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:

H.E.N. I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0950296
 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.

HOWARD E. NICKELSEN

Print name of responsible official

Howard E. Nickelsen

Signature

Howard E. Nickelsen

6/21/01

Date

7-3-01

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.

468836 FEB 9 2007

TOTAL AMOUNT DUE: \$50.00

Permit
Exp: 7/26/06
Submitted: 6/25/01

Do NOT Remove Label

DID NOT CONTACT

FEB 13 2007
& Mobile Source

AIRS ID# 950296
NICKELSEN CLEANERS ✓
5157 W Colonial Drive
ORLANDO, FLORIDA 32808

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

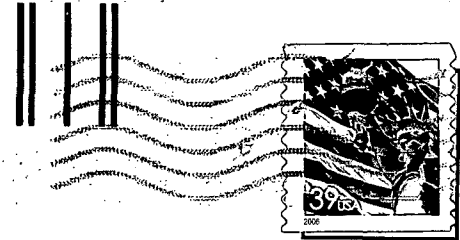
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

HOWARD NICKELSEN
(407) 298-7855

Printed on recycled paper.

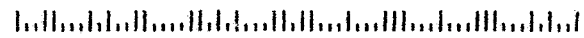
ORLANDO FL 328

07 FEB 07 PM 4T



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

32315+3070-70 B099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457157 DEC22 2005

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

950296 10
NICKELSEN CLEANERS
5157 W Colonial Drive
ORLANDO, FL 32808

Bureau of Air Monitoring
& Mobile Sources

DEC 22 2005

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443631 DEC22 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# 950296 10
NICKELSEN CLEANERS
5157 W Colonial Drive
ORLANDO, FL 32808

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

Printed on recycled paper.

RECEIVED
DEC 23 2004
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X 435604 JAN23 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

Do **NOT** Remove Label

950296
HOWARD NICKELSEN
NICKELSEN CLEANERS
5157 W COLONIAL DRIVE
ORLANDO FL 32808

FOR GOVERNMENT USE ONLY
Org.: 3755010000 EO: AI
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 26 2004
Bureau of Air, Mail
& Mobile Services



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420612 DEC13 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

Bureau of Air Monitoring
& Mobile Sources

DEC 17 2002

RECEIVED

Do **NOT** Remove Label

NICKELSEN CLEANERS
HOWARD NICKELSEN
5157 W COLONIAL DRIVE
ORLANDO FL
32808

AIRS ID#0950296

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



(cut here)

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.

TOTAL AMOUNT DUE: \$50.00

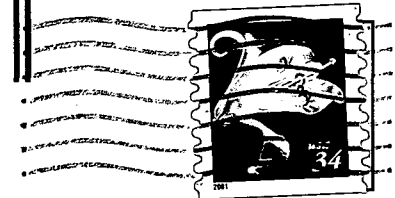
412284 DEC26 2001

Do **NOT** Remove Label

AIRS ID # 0950296
NICKELSEN CLEANERS
HOWARD NICKELSEN
5157 W COLONIAL DRIVE
ORLANDO FL
32808

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

NICKELSEN CLEANERS
5157 W COLONIAL DR.
ORLANDO FLA 32808
PHONE (407) 298-7855



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

32315+3070 93

