

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 1 2001

Ms. Eugenia Faraji
Ace Quality Cleaners
431 East Michigan Street
Orlando, Florida 32806

Re: Facility No.: 0950300-002

Dear Ms. Faraji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

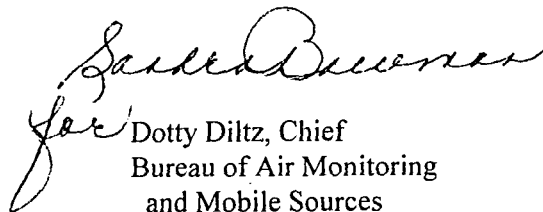
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Freestaid
SOC 3
Compliance IN

0950300-002

P15

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

Date Control Device Installed should be
blanks.

P16

(c) Required. Should be marked

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

Bureau of Air Monitoring
& Mobile Sources

JUN 22 2001

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. See 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>Ace Quality Cleaners Corp.</i>
2. Site Name (For example, plant name or number): <i>Ace Quality Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FDL 981021694</i>
4. Facility Location: Street Address: <i>431 E Michigan St.</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32806-4518</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950300-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Eugenie Farasi</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>431 E. Michigan St.</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32806</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 422-5735</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")
<u>10-09-91</u>	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	<u>same</u>
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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?

100 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: 15 # P

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.

Eupenie FARASI
Print name of responsible official

Eupenie Fonefie
Signature

6-20-01
Date

0950300-002

RECEIVED

JUN 22 2001

Bureau of Air Monitoring
& Mobile Sources
Send files

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

OCT 15 2001
Bureau of Air Monitoring
& Mobile Sources

P16
1(c) Required. Should be marked

P17
Responsible Official sign and date
for changes made.

Prior
compl

Facility I

1. Facility
A
2. Site I
3. Hazar
4. Facili Street City:
5. Facilit

Responsib

6. Name Name:
E
7. Respor Organi Street City:
8. Respon Teleph

Facility Co

9. Name a
10. Facility
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED
JUL 31 2001
ORANGE COUNTY ENVIRONMENTAL
PROTECTION DIVISION

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 22 2001

RECEIVED

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5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950300-002</i>	

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Eugenie FARASI</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: <i>431 E. Michigan St.</i> Organization/Firm: Street Address: City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32806</i>
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10-09-91	Existing <u>New</u>	RC CA <u>None required</u>	SAME <u>None required</u> (EF)
	<u>EXISTING</u> 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?

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	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
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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

New machines at large area source

Refrigerated condenser

Refrigerated condenser

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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) _____

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Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

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

Eupenie FARASI
Print name of responsible official

Eupenie Farasi
Signature

6-20-01
Date

Eupenie Farasi

8-3-01

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457721 JAN 9206

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

950300 10
ACE QUALITY CLEANERS
431 E Michigan Street
ORLANDO, FL 32806

RECEIVED
27 FAIR 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.

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434649 DEC22 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

950360
EUGENIA FARAJI
ACE QUALITY CLEANERS
431 E MICHIGAN STREET
ORLANDO FL 32806

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



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

421186 DEC30 2002

Do **NOT** Remove Label

AIRS ID#0950300
ACE QUALITY CLEANERS
EUGENIA FARAJI
431 E MICHIGAN STREET
ORLANDO FL
32806

Bureau of Air Monitoring
& Mobile Sources

JAN 06 2003

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412158 DEC24 2001


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

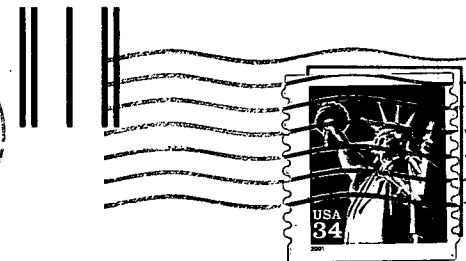
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950300
ACE QUALITY CLEANERS
EUGENIA FARAJI
431 E MICHIGAN STREET
ORLANDO FL
32806

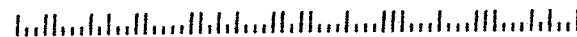
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

 **ACE Cleaners**
431 E Michigan St
Orlando FL 32806-4518



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

32315+3070 99



BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444185 JAN 7 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

AIRS ID# 950300 10 ACE QUALITY CLEANERS 431 E Michigan Street ORLANDO, FL 32806
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Printed on recycled paper.

RECEIVED JAN 11 2005 Bureau of Air Management & Mobile Source FOR GOVERNMENT USE ONLY ORG.: 375500-1000 EO: FUND: 20-2-085001 OBJECT: 002273
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