

Department of Environmental Protection

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

David B. Struhs Secretary

October 24, 2002

Mr. Thomas Hudgeons First Class Cleaners 223 North Orange Blossom Trail Orlando, Florida 32805

Re: Facility No.: 0950344-002

Dear Mr. Hudgeons:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 2002.

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,

Joe Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

KirbButle

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Feed 96-01 50C 4 Compl IN

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 for your files completed form to the address listed in the instructions and keep a copy of the form for your files.

racility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ORlando Cleaners, LLC. Doa First Class Cleaners
2. Site Name (For example, plant name or number):
OBT #8
3. Hazardous Waste Generator Identification Number:
FLD 984/97962
4. Facility Location: Street Address: 223 N. Orange Blosson Trail
City: ORLando County: Zip Code: 3Z805 S. *Facility: Identification Number: (DEP Use ONLY = do not fill in):
S. Facility Identification Number (DEP Use ONLY = do not fill in):
OGSOSHI DOL
Pagnancible Official
Responsible Official 6. Name and Title of Responsible Official:
Name: Title:
Mr. Thomas Hudgeons VP.
7. Responsible Official Mailing Address:
Organization/Firm: F. 37 Class R.
City: County: Zip Code:
Organization/Firm: F. 37 Class Class Class Class Class County: Sip Code: Sz605
X Rechancible (lfficial Lelenhane Alimber)
Telephone: (407) 481 2000 Fax: (407) 648 - 816 7
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: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY	MACHINES OF	NLY .	
How many dry-to-dry		. 4	
• •	_	ease provide the following info	rmation:
Date Initially Purchase From Manufacturer		Control Device Require	
10/88	Existing	New RC/CA/None required	Same
1198	Existing	New RC/CA/None required	She
1/96	Existing	New ROCANNone required	<u>Sane</u> Sane
102	(1	new RC	Sane
*CONTROL DEVICE	KEY: RC	refrigerated condenser	CA = carbon adsorber
1.(b) TRANSFER MAC	\		
How many dryers/reclair	ners do you have	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchase 10 units purchase	d from the manufacturer between	on December 9, 1991, it is an EXISTING ten December 9, 1991 and September 22, allowed to operate under this general g 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 KE	EY: $RC = rc$	efrigerated condenser CA	A = carbon adsorber
2.(a) How much perchlor	oethylene (perc)	have you used within the last 1	2 months?
[36 5] gallon	s (You must fill	this in)	
(b) If less than 12 mon	ths, how many? [] months	
Check why it is less	s than 12 months	: New owner: [] Did not k	ceep records: []
		New store: New mach	ine []
		Unananad store [] (date of	of expected opening

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3. What is the facility's source classific Indicate with an "X". Select one c	ation based o	on the definitions found in section only.)	(3) of Part II?
Small Area Source]		
Dry-to-dry machines Transfer only on-site Both machine types o	•	(used less than 140 gallons of per (used less than 200 gallons of per (used less than 140 gallons of per	erc per year)
Large Area Source			
Dry-to-dry machines of Transfer only on-site Both machine types of	·	(used 140 - 2,100 gallons of pero (used 200 - 1,800 gallons of pero (used 140 - 1,800 gallons of pero	per year)
4. What control technology is required of (Indicate with an "X".)	n machines	pursuant to section (5) of Part II o	f this notification form?
Existing machines at small area (NONE REQUIRED)	source	New machines at small a Refrigerated condenser	area source
Existing machines at large area Carbon adsorber Refrigerated condenser	source	New machines at large a Refrigerated condenser	rea source
5. A facility which contains non-exempt Rule 62-213.300, F.A.C. Verify that all sexemption criteria or that no such units ex	team and ho	t water generating units on-site m	eet the following
All steam and hot water generating units No such units on-site	exempt [∠j or	·.
How many boilers do you have on-site?	[2]		
For each boiler, indicate its horsepower (F	IP) rating: [d	<u>85 125 []</u>	
What type of fuel do you use?	propane No. 2 fuel of No. 6 fuel of		
6. Equipment Monitoring and Recordkeep	ing Informat	ion	
Check all logs which are required to be ke	pt on-site in a	accordance with the requirements	of this general permit:
(a) Purchase receipts and solvent purchases	s/solvent add	ition log	
(b) Leak detection inspection and repair	•		
(c) Refrigerated condenser temperature mo	nitoring		
(d) Carbon adsorber exhaust perc concentra		ring	
(e) Startup, shutdown, malfunction plan			

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7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

r rease intricati	with an	Λ	the appropriate se	ı
TH A	Lhereby	SUF	render all existing	1

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.

Print name of responsible official

Signature

D

DEP Form No. 62-213.900(2)

Effective: 2/24/99

FIRST CLASS CLEANERS INTEROFFICE MEMORANDUM

TO:

BUREAU OF AIR MONITORING AND MOBILE SOURCES

FROM:

JEFFREY T. ALEXANDER

SUBJECT: SUBMISSION OF PRCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT

DATE:

9/18/02

CC:

FILE

Attached is our application for the above permit. We were unaware that our other had expired. Please be advised that we paid our fee with check # 1442 dated February 14, 2002 when we were invoiced. We were unaware at that time that we needed to reapply.

Sorry for the inconvenience.

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DEC 1 6 2005 DIRECT DEPOSIT CASH RECEIPTS Bureau of Air Monitoring & Mobile Sources						CODED BY: DW		DATE ENTE	RED: 12/15	5/03			
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				DOC NO. 24139720 REVIEWED BY 83			الممار	ENTERED BY 1900		<i>)</i>			
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3	37356010000	1 .	380030		30,49		C20219300/	11	Jarwin Stubbs		·		
4	3756010000	F4	380030		7,50		C20219300/	11	Bram De Canfer	·			
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- 11	5 Sardy Bowman ms-5510												
L	(la) Carnely - ms-4525												

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 TOTAL AMOUNT DUE: \$50.00 Do NOT Remove Label 950344 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 TOM HUDGEONS FIRST CLASS CLEANERS 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467459 JAN22287

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 <u>NOT</u> Remove Label

AIRS ID# 950344 ORLANDO CLEANERS LLC 223 N Orange Blossom Trail ORLANDO, FLORIDA 32805 & Mobile Sources

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

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FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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ORLANDOCLEANERS, LLC / dba FIRST CLASS CLEANERS

DEPT. OF ENV. PROTECT- REGIST.

Check Number: Check Date:

24635 Jan 5, 2007

024635

Duplicate

Check Amount: \$50.00

Discount Taken

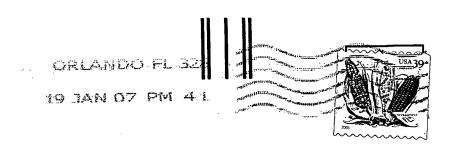
Amount Paid

01/15/07

Item to be Paid - Description

50.00

First Class Cleaners, LLC 223 N. Orange Blossom Tr. Orlando, FL 32805



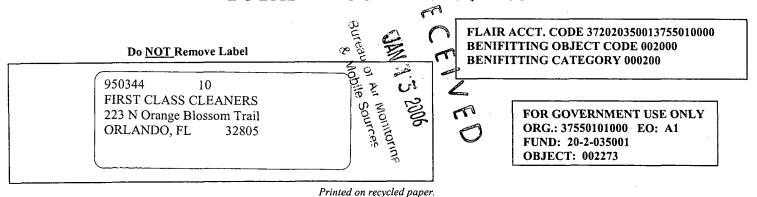
TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457938 JAN11 2008 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DÜE: \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444958 JAN24286

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# 950344 10 FIRST CLASS CLEANERS 223 N Orange Blossom Trail ORLANDO, FL 32805 LAN 26 2005

ureau of Air Monitoring
& Mobile Sources

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

422379 JAN31 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#0950344

FIRST CLASS CLEANERS TOM HUDGEONS 223 N ORANGE BLOSSOM TRAIL ORLANDO FI. 32805

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Orlando Cleaners, LLC dba First Class Cleaners

DEPT. OF ENV. PROTECT- REGIST.

Invoice # Description

2/28/02-ID#09 50344

16606 16606

Check Date Jan 29, 2003

Duplicate Check Amount \$50.00

Discount Taken

Check Number

Amount Paid

50.00