



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

November 15, 2002

Ms. Yvonne H. Roberts  
Golden Rod Cleaners  
4046 Golden Rod Road  
Winter Park, Florida 32792

Re: Facility No.: 0951158-002

Dear Ms. Roberts:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 15, 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

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

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Fees 97-01

SOC 5

Compliance IN

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OCT 15 2000

Bureau of Air Monitoring  
& Mobile Sources

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): <b>GOLDENROD CLEANERS</b>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <b>FL D984177816</b>
4. Facility Location: Street Address: <b>4040 GOLDENROD RD.</b> City: <b>WINTER PARK, FL</b> County: <b>ORANGE</b> Zip Code: <b>32792</b>
5. Facility Identification Number (DEP Use Only. Do not fill in) <b>095115B-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>JUNNE H. ROBERTS</b> Title: <b>OWNER</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>SAME AS ABOVE</b> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <b>(407) 657-5113</b> 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")
_____	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</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?

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 0951158001AG
- 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.*


JUNNE A. ROBERTA

Print name of responsible official

James A. Robert  
Signature

Oct. 8, 2002  
Date

10/21/2002

 Spoke with Ms. Yvonne Roberts, Goldenrod Cleaners owner, and she stated that the dry-to-dry machine was originally purchased on March 28, 1996. She also stated that she did not know the horsepower of the natural gas fired boiler.

Page 15

1. (a) Add Date Machine Initially Purchased From the Manufacturer in space provided.

Page 16

4. New machines at small area source Refrigerated condenser should be marked.
5. Add horsepower (HP) for natural gas fired boiler.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459215 FEB 14 2007

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

RECEIVED  
FEB 16 2007  
FLA  
ACCT

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#951158  
 GOLDENROD CLEANER  
 4046 N Goldenrod Road  
 WINTER PARK, FLORIDA 32792

*Printed on recycled paper.*

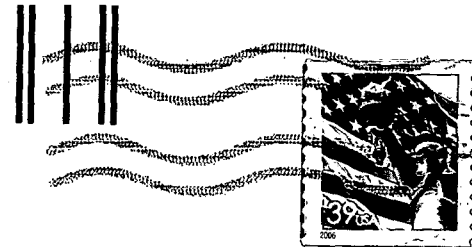
FLAIR ACCT. CODE 372020350013755010000  
 BENEFITTING OBJECT CODE 002000  
 BENEFITTING CATEGORY 000200

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

GOLDENROD CLEANERS  
 4046 N. GOLDENROD RD  
 WINTER PARK, FL 32792  
 (407) 657-5113

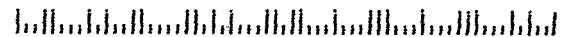
ORLANDO FL 328

12 FEB 2007 PM 5 T



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

323153070 8099





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449272 MAR 17 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#0951158.....2 <sup>nd</sup> Cert 05 GOLDENROD CLEANER 4046 N Goldenrod Road WINTER PARK, FL 32792
--

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Bureau of Air, Nonprofit  
& Mobile Sources

MAR 21 2005

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459801 MAR 9 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# 951158 1st GOLDENROD CLEANER 4046 N Goldenrod Road WINTER PARK, FL 32792
--

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& Mobile Sources

MAR 1 2005

RECEIVED

FLAIR ACCT. CODE 37202035000 3755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200
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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

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 435992 FEB 5 2004

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

951158  
 YVONNE ROBERTS  
 GOLDENROD CLEANER  
 4046 N GOLDENROD ROAD  
 WINTER PARK FL 32792

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

RECEIVED  
 FEB 11 2004  
 Bureau of Air Monitoring & Multiple Sources



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. 423045 FEB 17 2003

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

GOLDENROD CLEANER  
 YVONNE ROBERTS  
 4046 N GOLDENROD ROAD  
 WINTER PARK FL  
 32792

AIRS ID#0951158

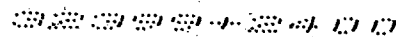
FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

RECEIVED  
 FEB 19 2003  
 Bureau of Air Monitoring & Multiple Sources

GOLDENROD CLEANERS  
4046 N. GOLDENROD RD  
WINTER PARK, FL 32792  
(407) 657-5113



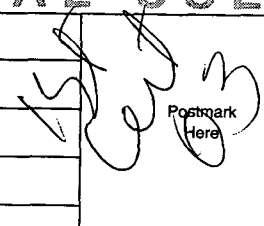
GENERAL PERMIT SECTION  
BUREAU OF AIR MONITORING & MOBILE SOURCE, MS5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.  
TALLAHASSEE, FL 32399-2400



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Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

ID# 951158

Sent To **YVONNE ROBERTS**

Street, Apt. No. or PO Box No. **GOLDENROD CLEANER**  
**4046 N GOLDENROD ROAD**

City, State, Zip **WINTER PARK, FL 32792**

PS Form 3800

7003 2260 0003 5650 8809

**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# 951158  
 YVONNE ROBERTS  
 GOLDENROD CLEANER  
 4046 N GOLDENROD ROAD  
 WINTER PARK, FL 32792

2. Article Number

*(Transfer from service label)*

7003 2260 0003 5650 8809

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Cheryl Brune  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Cheryl Brune 2-6-09

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

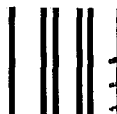
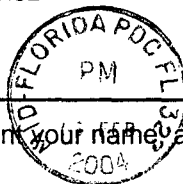
3. Service Type

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-40

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

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**OFFICIAL USE**

7001 0320 0001 7975 7452

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

Postmark Here  
  
 AIRS ID#0951158

Sent To: GOLDENROD CLEANER  
 YVONNE ROBERTS  
 Street, or PO: 4046 N GOLDENROD ROAD  
 City, S: WINTER PARK FL 32792

PS Form

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.

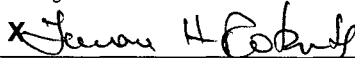
1. Article Addressed to:

GOLDENROD CLEANER  
 YVONNE ROBERTS  
 4046 N GOLDENROD ROAD  
 WINTER PARK FL  
 32792

AIRS ID#0951158

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature



Agent

Addressee

B. Received by (Printed Name)

YVONNE ROBERTS

C. Date of Delivery

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)

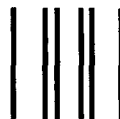
Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7452

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

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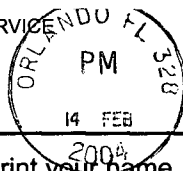


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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage &amp; Fees</td> <td>¢</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	¢	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	¢										
<p>AIRS ID# 951158 1stC  <b>GOLDENROD CLEANER</b>          4046 N Goldenrod Road          WINTER PARK, FL 32792</p>											
<p><i>Sent To</i>  <i>Street, Apt. No. or PO Box No.</i>  <i>City, State, Zip</i></p>											
PS Form 3800											

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:  <i>Airs I.D. 951158</i>  <i>YVONNE Roberts</i>  <i>Goldenrod Cleaner</i>  <i>4046 N. Goldenrod RD</i>  <i>Winter Park FL</i>  <i>32792</i></p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery  <i>2-14-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input 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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	



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Dept of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-1408

Bureau of Air Monitoring  
& Toxic Substances

FEB 16 2004

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

\$0.3  
 Postmark  
 Here

**Sent To**  
 MR. CLEAN DRY CLEANERS  
 GURMEET KAUR  
 3001 N GOLDENROD ROAD  
 WINTER PARK, FL 32792  
 City, State, ZIP

#0951158

PS Form 3800, January 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**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:

MR. CLEAN DRY CLEANERS  
 GURMEET KAUR  
 3001 N GOLDENROD ROAD  
 WINTER PARK, FL 32792

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 4170

**COMPLETE THIS SECTION ON DELIVERY**

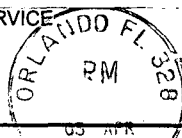
A. Signature  
 Agent  
 Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 4/3/09

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



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Her Pan Am

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Postage & Fees Paid  
USPS  
Permit No. G-10

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

Bureau of Air Monitoring  
& Mobile Sources

APR 5 2004

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Total AIRS ID#0951158.....2<sup>nd</sup> Cert 05  
 GOLDENROD CLEANER  
 4046 N Goldenrod Road  
 WINTER PARK, FL 32792

Sent To: \_\_\_\_\_  
 Street, or PO \_\_\_\_\_  
 City, S \_\_\_\_\_

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5692

**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.
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1. Article Addressed to:

AIRS ID#0951158.....2<sup>nd</sup> Cert 05  
 GOLDENROD CLEANER  
 4046 N Goldenrod Road  
 WINTER PARK, FL 32792

2. Article Number \_\_\_\_\_  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

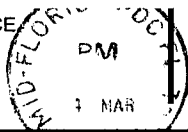
B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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 •

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

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DIV OF AIR MONITORING  
& MOBILE SOURCES

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