

Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 26, 2008

Mr. Joseph B. Alce
Royal Touch Dry Cleaners
4525 Conroy Road
Orlando, Florida 32811

Re: Facility No.: 0951174-003

Dear Mr. Alce:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 23, 2008.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

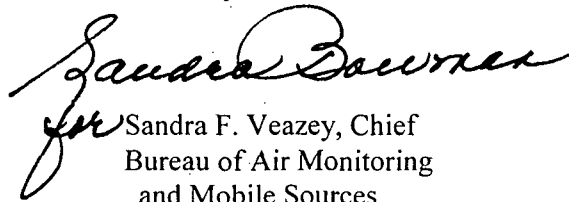
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Hamp Pridgen, Orange County

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES ²⁹⁷ 2006.....
SOC REPORTS.....
COMP. STATUS - SNC MNC (IN)

Insp - Ins 2 - compliance Inspection
walkthrough - 5/08/2007 - IN
Insp - Orange Co - Hampbridgen
CDOR - Central District - Cshine

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 23 2008
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):	DEB SERVICES / DBA ROYAL TOUCH DRY CLEANERS		
2. Site Name (For example, plant name or number):	ROYAL TOUCH DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	4525 CONROY RD		
Street Address:			
City:	ORLANDO	County:	ORANGE
		Zip Code:	32811
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951174-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JOSEPH ALICE	Title:	MRS
7. Responsible Official Mailing Address:			
Organization/Firm:	DEB SERVICES		
Street Address:	4525 CONROY RD		
City:	ORLANDO	County:	ORANGE
		Zip Code:	32811
8. Responsible Official Telephone Number:			
Telephone:	(407) 902-1297	Fax:	(407) 649-3311

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROYAL TOUCH JOSEPH MANAGER		
10. Facility Contact Address:			
Street Address:	4525 CONROY RD		
City:	ORLANDO	County:	ORANGE
		Zip Code:	32811
11. Facility Contact Telephone Number:			
Telephone:	(407) 649-3311	Fax:	(407) 649-3311

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [1]

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")
96	Existing/New	RC/CA/None required	11/06
	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? [2]

How many dryers/reclaimers do you have on-site? [1]

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?

[30] gallons (You must fill this in)

(b) If less than 12 months, how many? [30] months

Check why it is less than 12 months: New owner: [30] Did not keep records: [ye]

New store: [] New machine []

Unopened store [] (date of expected opening existing)

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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input checked="" type="checkbox"/> | |

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: 20 H 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.

JOSEPH B. ALCE
Print name of responsible official

Joseph B. Alce
Signature

1/18/08
Date

Best Available Copy
PLEASE PRESS FIRMLY



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JAN 18 2008



Addressee Copy
Label 11-F, April 2004



Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 30734	Day of Delivery <input type="checkbox"/> 1st, <input type="checkbox"/> 2nd, <input type="checkbox"/> 2nd Del. Day	Postage \$ 11.25	
Date Accepted 1-17-08	Scheduled Date of Delivery Month 1 Day 19	Return Receipt Fee \$ 2.15	
Time Accepted <input type="checkbox"/> AM, <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon, <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight <input checked="" type="checkbox"/>	Military <input type="checkbox"/> 2nd Day, <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 13.40	
Int'l Alpha Country Code	Acceptance Emp. Initials		
lbs. 2.7	ozs.		

DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt	Time	<input type="checkbox"/> AM, <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM, <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM, <input type="checkbox"/> PM	Employee Signature
Mo. Day			
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in care of addressee and I authorize mail delivery, employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
Customer Signature			

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()

TO: (PLEASE PRINT) PHONE ()

Handwritten address and phone numbers in both columns.

Handwritten address and phone numbers in the TO column.

FOR PICKUP OR TRACKING: Visit WWW.USPS.COM or Call 1-800-222-1811



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EP13F

ROYAL TOUCH DRYCLEANERS
4525 CONROY RD
ORLANDO FL 32811

DEPARTMENT OF ENVIRONMENTAL
2600 BLAIN STONE RD
TALLAHASSEE FL 32390-2600