

Department of Environmental Protection

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

David B. Struhs Secretary

October 16, 2003

Ms. Jasmine Freeman Palms Dry Cleaners, Inc. 4304 Curry Ford Road Orlando, Florida 32806-2707

Re: Facility No.: 0951178-003

Dear Ms. Freeman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 2003.

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,

Joseph Kahn, Chief
Bureau of Air Monit

and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

alt phone 407 851-1605

November 20, 2003

RE: Dry Cleaner Notification Corrections

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 RECEIVED

NOV 2 5 2003

Bureau of Air Monitoring & Mobile Sources

To Whom It May Concern:

Enclosed are the corrections for the following Perchloroethylene Dry Cleaner Air General Permit Notification Forms:

- 0951200-002
- 0951178-003

If you have any questions or concerns, please contact me at 407-836-1476 or at ilka.bundy@ocfl.net.

Thank you,

Ilka Bundy

Environmental Specialist

Orange County Environmental Protection Division

Enclosures (2)

ib

AIRS ID # 0951178-003

09/26/2003

Spoke with Ms. Jasmine Freeman, president, Palms Dry Cleaners Inc., and she stated that Ms. Nancy Pullum is the owner of the building that houses the dry cleaning the facility. She indicated that Palms Dry Cleaners, Inc. owns the dry cleaning facility. She stated the control device for the dry-to-dry machine is a built in chiller (refrigerated condenser).

Page 15

(a) New should be circled under Status for 1996 dry-to-dry machine.
 RC should be circled under Control Device Required for 1996 dry-to-dry machine.
 Add Date Control Device Installed for 1996 dry-to-dry machine.

Page 16

- 4. New machines at small area source Refrigerated condenser should be marked for 1996 dry-to-dry machine using less than 140 gallons of perchloroethylene.
- 6. (e) Required for all sources. Should be marked.

PROTECTION DIVISION

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PRIMITING TIFICATION FORM

Part III. Notification of Intent to Use General Permit

BEST AVAILABLE COPY
O.C. ENVIRONMENTAL PROTECTION DIVISION
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL ATTERMIN 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.
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):
Moncy Pullum
2. Site Name (For example, plant name or number):
1 Palms Dry Cleaus Inc.
3 Hazardous Wasta Consenter Identification Number:
4. Facility Location: A A A A A A A A A A A A A A A A A A A
$1 \alpha \beta \beta \beta \beta \beta \beta \beta \beta \beta$
City: Orange Zip Code: 32806-2707
45. Facility Identification Number (DEP Use ONLY do not fill in)
Responsible Official
6. Name and Title of Responsible Official:
Name: JASnine Freeman Title: President
7. Responsible Official Mailing Address: Organization/Firm: Palm 5 my Clewwork Lnc.
Street Address: 4304 CURRY FORD ROAD
Organization/Firm: Palms Dry Cleurous Chi. Street Address: 4304 Curry FORD ROPD City: OHando County: Orange Zip Code: 32806-2107
8. Responsible Official Telephone Number:
Telephone: (407)898-9888 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Ashlul Freeman
10. Facility Contact Address:
Street Address: 4304 CURRY FORD ROOD City: Dirlando County: Orange Zip Code: 32806-2707
City: Orlando County: Oran & Zip Code: 32806-2701
11. Facility Contact Telephone Number:
Telephone: $(407)898 - 9888$ Fax: () -

How many dry-to-dry ma	chines do vou h	ave on-site?	
· ·	·		ion:
		se provide the following informati	-
Date Initially Purchased From Manufacturer	Status	Control Device Required*	Date Control Device Installed
riom manufacturer	(circle one	(circle one)	(if already included at time of purchase, write "SAME")
1000	1/	200	parenase, write SANE)
1996 -	Evidinder	evy RC/CA/None required	Same
	- XISHII SAN	Research voile required	CHILL
<u> </u>	> Existing/N	ew RC/CA/None required	- · · · · · · · · · · · · · · · · · · ·
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE KE	V. DC	efrigerated condenser CA =	carbon adsorber
CONTROL DEVICE RE	1. KC - f	en igerated condenser — CA =	Caroni accordi
(b) TRANSFER MACH	INTEC ONLY TO		<i></i>
Iow many washers do you	have on-site?		
Iow many dryers/reclaimer	rs do you have o	on-site? [
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3. What is the facility's source of Indicate with an "X". Select	classification based of the classification (on the definitions found in sectionally.)	on (3) of Part II?	
Small Area Source	u	• • •	•	
Dry-to-dry ma Transfer only Both machine		(used less than 140 gallons of (used less than 200 gallons of (used less than 140 gallons of	perc per year)	
Large Area Source				
Dry-to-dry ma Transfer only o Both machine		(used 140 - 2,100 gallons of p (used 200 - 1,800 gallons of p (used 140 - 1,800 gallons of p	erc per year)	
4. What control technology is red (Indicate with an "X".)	quired on machines	pursuant to section (5) of Part I	I of this notificatio	n form?
Existing machines at sm (NONE REQUIRED)	nall area source	New machines at sma Refrigerated condense		_
Existing machines at lar Carbon adsorber Refrigerated condenser	rge area source	New machines at larg Refrigerated condense		
5. A facility which contains non-Rule 62-213.300, F.A.C. Verify texemption criteria or that no such	that all steam and ho	ot water generating units on-site	meet the following	pursuant to
All steam and hot water generatin No such units on-site	ng units exempt 	OR		
How many boilers do you have on	a-site?			
For each boiler, indicate its horsep	oower (HP) rating: [5 R		
What type of fuel do you use?] propane] No. 2 fuel of		st)	
6. Equipment Monitoring and Rec	ordkeeping Informa	tion		
Check all logs which are required	to be kept on-site in	accordance with the requirement	ents of this general	permit:
a) Purchase receipts and solvent p	ourchases/solvent add	dition log	٦	
b) Leak detection inspection and i	repair	ĹĽ]	
c) Refrigerated condenser tempera	ature monitoring	\mathcal{V}	J	
d) Carbon adsorber exhaust perc o	concentration monito	oring : '[]	the rest of the
e) Startup, shutdown, malfunction	n plan	[<u> </u>	

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
لك	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible O	Official Certification
this notifice statements maintain the comply with	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. The polly notify the Department of any changes to the information contained in this notification. The pollution of responsible official The pollution of the pollution of the information contained in this notification. The pollution of the pollution of the information contained in this notification. The pollution of the pollu
7	Please refer to Old air Io# 09511

DEP Form No. 62-213.900(2) Effective: 2/24/00

Changes MADE:

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Burgar of Pir Montoning our files. 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):
Mancy Pullum
2. Site Name (For example, plant name or number):
Yalms Dry Clemers Inc.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 11204 CHERUFORD ROOD
Street Address: 4304 CURY FORD ROAD City: Orange Zip Code: 32806-2707
Facility Identification Number (DEP Use ONLY do not fill in)
Responsible Official ,
6. Name and Title of Responsible Official: Name: Vo = Title: President
Name: JASKINE Welman Title: Prestalni
7. Responsible Official Mailing Address: Organization/Firm: FOLMS DAY CLUMPON LAC. Street Address: 4304 CURRY FORD ROPD.
Street Address: 4304 Curry FORD ROPD City: OHando County: Orange Zip Code: 32806-2107
8. Responsible Official Telephone Number:
Telephone: (467)898-9888 Fax: () -
Foolities Contact (No. 1977)
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
Ashlu Freeman
10. Facility Contact Address:
Street Address: 4304 CURRY FORD ROOD
City: Orlando County: Orange zip Code: 32806-2709
1. Facility Contact Telephone Number: Telephone: (407)898 - 9888 Fax: () -

Facility Information		*	
1.(a) DRY-TO-DRY	MACHINES ONL	LY .	
How many dry-to-dry	machines do you ha	ive on-site?]
For each dry-to-dry ma	chine on-site, pleas	se provide the following inform	ation:
Date Initially Purchase From Manufacturer	d Status (circle one)	Control Device Required ⁴ (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1996	Existing	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	 .
•	Evicting (Ma	w RC/CA/None required	
	Existing/Ne	Were and the second	
.(b) TRANSFER MAC	EY: RC = re THINES ONLY ou have on-site?	frigerated condenser CA	= carbon adsorber
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair of the transfer machine washin. If the transfer mach 1993, it is a NEW unit (r	CEY: RC = re CHINES ONLY ou have on-site? There do you have of as purchased from tine was purchased to units purchased	frigerated condenser CA [] n-site? [] the manufacturer prior to or on the manufacturer between after September 22, 1993 are al	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
unit. If the transfer mach 993, it is a NEW unit (remit). For each transf	CHINES ONLY ou have on-site? ders do you have of as purchased from tine was purchased to units purchased ar machine on-site,	frigerated condenser CA CA n-site? the manufacturer prior to or on the manufacturer between after September 22, 1993 are all please provide the following in	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair of the transfer machine we init. If the transfer mach 1993, it is a NEW unit (remit). For each transfer	CHINES ONLY ou have on-site? There do you have on the second of the seco	frigerated condenser CA	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair of the transfer machine we init. If the transfer mach 1993, it is a NEW unit (remit). For each transfer	CHINES ONLY ou have on-site? There do you have on the second of the seco	frigerated condenser CA CA n-site? the manufacturer prior to or on the manufacturer between after September 22, 1993 are all please provide the following in	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair of the transfer machine w nit. If the transfer mach 1993, it is a NEW unit (r 1993, it is a NEW unit (r 1993, it is a NEW unit (r 1994). For each transfer	CEY: RC = re CHINES ONLY ou have on-site? There do you have on as purchased from tine was purchased to units purchased or machine on-site, Status (circle one)	frigerated condenser CA [December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair of the transfer machine w nit. If the transfer mach 1993, it is a NEW unit (r 1993, it is a NEW unit (r 1993, it is a NEW unit (r 1994). For each transfer	CEY: RC = re CHINES ONLY ou have on-site? There do you have of as purchased from tine was purchased to units purchased or machine on-site, Status (circle one)	frigerated condenser CA	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of
I.(b) TRANSFER MAC How many washers do y How many dryers/reclair f the transfer machine w init. If the transfer mach 993, it is a NEW unit (r	CHINES ONLY ou have on-site? There do you have on as purchased from tine was purchased to units purchased or machine on-site, Status (circle one) Existing/New	frigerated condenser CA [December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information: Date Control Device Installed (if already included at time of

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

Check why it is less than 12 months: New owner: [] Did not keep records: [] 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 Carbon adsorber 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?
5. 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 indicat	te 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
ЦZ ₁	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible C	Official Certification
this notific statements maintain t comply wit	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to thall terms and conditions of this general permit as set forth in Part II of this notification form.
JAS	aptly notify the Department of any changes to the information contained in this notification. Smine Vllman
\	of responsible official
Jan Signature	Deptember 12,2013

Please refer to Old air Io# 0951178

DEP Form No. 62-213.900(2)

Effective: 2/24/99

AIRS ID # 0951178-003

09/26/2003

Spoke with Ms. Jasmine Freeman, president, Palms Dry Cleaners Inc., and she stated that Ms. Nancy Pullum is the owner of the building that houses the dry cleaning the facility. She indicated that Palms Dry Cleaners, Inc. owns the dry cleaning facility. She stated the control device for the dry-to-dry machine is a built in chiller (refrigerated condenser).

Page 15

(a) New should be circled under Status for 1996 dry-to-dry machine.
 RC should be circled under Control Device Required for 1996 dry-to-dry machine.
 Add Date Control Device Installed for 1996 dry-to-dry machine.

Page 16

- 4. New machines at small area source Refrigerated condenser should be marked for 1996 dry-to-dry machine using less than 140 gallons of perchloroethylene.
- 6. (e) Required for all sources. Should be marked.

by Ourey ford Road
32806-270 To General Pernuts Section

Bureau of Air Monitoring and

mobile Source, ms 5500 i Protect

Department of Environments I Protect 2600 Blair Stone Road 32399,2400 32399,2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 436419 FEB172004

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

ID# 951178 JASMINE FREEMAN PALMS DRY CLEANERS 4304 CURRY FORD ROAD 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

444809 JAN212005

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

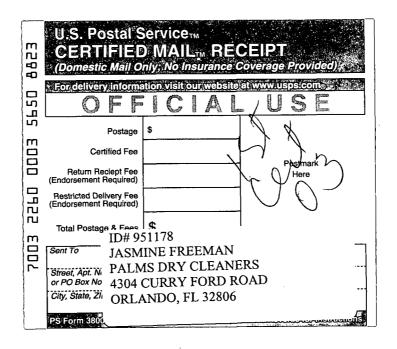
AIRS ID# 951178 10 PALMS DRY CLEANERS 4304 Curry Ford ORLANDO, FL 32806

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DELIVERY
 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. 		A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1?
ID# 951178 JASMINE FREEMAN PALMS DRY/CLEANERS 4304 CURRY FORD ROAD ORLANDO, FL 32806		
		3. Service Type Certified Mail
		4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	7003	3 2260 0003 5650 8823
PS Form 3811 August 2001	Domestic Retu	turn Receipt 402505 00 M 4540

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 •

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DEPT. OF ENVIRONMENTAL PROTECTION
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TALLAHASSEE, FLORIDA 32399-2400

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