

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 14, 2004

Mr. Ambrocio Castellano
Valencia Cleaners
8175 Valencia College Lane
Orlando, Florida 32825

Re: Facility No.: 0951274-001

Dear Mr. Castellano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 11, 2004.


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,


for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES
NO ACTIVITY FOR FACILITY...✓.....
SOC REPORTS
COMPLIANCE STATUS

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

T32007220

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.

RECEIVED
Bureau of Air Monitoring
Mobile Sources
JUN 11 2004

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Valencia Cleaners Inc.

2. Site Name (For example, plant name or number):

Valencia Cleaners

3. Hazardous Waste Generator Identification Number:

FLD 984171165

4. Facility Location:

Street Address: 8175 Valencia College Lane
City: ORLANDO County: Orange

Zip Code: 32825

5. Facility Identification Number (DEP Use ONLY. Do not fill in)

0951071-001

Responsible Official

6. Name and Title of Responsible Official: Ambrocio Castellano
Name: Ambrocio Castellano Title: OWNER

7. Responsible Official Mailing Address: 8175 Valencia College Lane

Organization/Firm:
Street Address:
City: ORLANDO County: Orange

Zip Code: 32825

8. Responsible Official Telephone Number:

Telephone: (407) 381-4141

Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

Ambrose Castellano

10. Facility Contact Address:

Street Address: 8175 Valencia College Ln.
City: ORLANDO County: FL

Zip Code: 32825

11. Facility Contact Telephone Number:

Telephone: (407) 381-4141

Fax: () -

Facility Information

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

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

NONE

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>09-2001</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<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?

60 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 AC

- 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~~ AC

For each boiler, indicate its horsepower (HP) rating: [10]

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 YES NO
- (b) Leak detection inspection and repair YES NO
- (c) Refrigerated condenser temperature monitoring YES NO
- (d) Carbon adsorber exhaust perc concentration monitoring YES NO
- (e) Startup, shutdown, malfunction plan YES NO

Should be YES per Mr. Castellano 6/10/04

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.

Ambrose Castellano
Print name of responsible official

A Castellano
Signature

3/31/2004
Date

CHANGES
MADE:

Ambrose Castellano
Print NAME

A Castellano
Signature

4/16/04
DATE



ENVIRONMENTAL PROTECTION DIVISION
Lori Cunniff, Manager
Leeds Commerce Center
800 Mercy Drive, Suite 4
Orlando, Florida 32808-7896
(407) 836-1400 • Fax (407) 836-1499
www.co.orange.fl.us

RECEIVED
JUN 16 2004
Bureau of Air Monitoring
& Mobile Sources

**FACSIMILE TRANSMITTAL
IMMEDIATE DELIVERY REQUESTED**

DATE: 6-16-2004

TO: BRUCE THOMAS

COMPANY: Div. of Air Resource Management

FAX #: 850-922-6979 TELEPHONE: 407-836-1445

FROM: JOHN PARKER

FAX#: (407) 836-1499 TELEPHONE#: (407) 836-1400

SUBJECT: ENCLOSED IS THE ENTITLEMENT
APPLICATION FOR VALENCIA CLEANERS

TOTAL # OF PAGES (INCLUDING COVER PAGE): 5

PLEASE CALL (407) 836-1400, IF TROUBLE IN TRANSMISSION OR IF ALL PAGES ARE NOT RECEIVED.

The information on the following pages is **CONFIDENTIAL**.
PLEASE CALL 407-836-1400, if you have received this
information in error.

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.

Bureau of Air Monitoring
Mobile Sources
JUN 11 2004

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	VALENCIA CLEANERS INC.	
2. Site Name (For example, plant name or number):	VALENCIA CLEANERS	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:		
Street Address:		
City:	County:	Zip Code:
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951274	

Responsible Official

6. Name and Title of Responsible Official:			
Name:	AMBROSE CASTELLANO	Title: OWNER	
7. Responsible Official Mailing Address:	8175 Valencia College Ln.		
Organization/Firm:			
Street Address:			
City:	ORLANDO	County:	Zip Code: 32825
8. Responsible Official Telephone Number:			
Telephone:	(407) 381-4141	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AMBROSE CASTELLANO		
10. Facility Contact Address:			
Street Address:	8175 Valencia College Ln.		
City:	ORLANDO	County: FL	Zip Code: 32825
11. Facility Contact Telephone Number:			
Telephone:	(407) 381-4141	Fax:	() -

Facility Information

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

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

NONE

For each dry-to-dry machine on-site, please provide the following information:

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<u>12/10/91</u>	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

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:

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_____	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?

[60] 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: [X] New machine [X]

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)
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Large Area Source

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- 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~~ NONE

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

NO
 NO
 NO
 NO
 NO

Should be YES per Mr. CASTELLANO 6/10/04

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.

Americo Castellano

Print name of responsible official

Americo Castellano

Signature

3/31/2004

Date

JOHN PARKER

407-836-1498

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

469295 FEB15 2007

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 951274 ✓
 VALENCIA CLEANERS LLC
 8175 Valencia College Lane
 ORLANDO, FLORIDA 32825

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

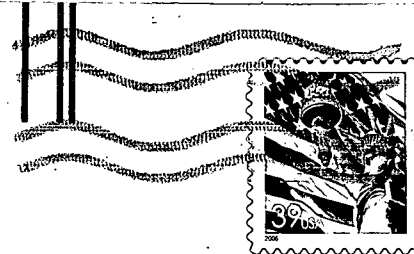
FEB 19 2007
 RECEIVED
 AIRS MONITORING
 & ANALYSIS CENTER

Printed on recycled paper.

VALENCIA CLEANERS
 8175 Valencia College Lane
 ORLANDO, FL 32825
 (407) 381-4141

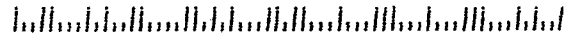
ORLANDO FL 328

13 FEB 2007 PM 7 T



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

323153070 5099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457273 DEC27 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

951274 10
 VALENCIA CLEANERS
 8175 Valencia College Lane
 ORLANDO, FL 32825

Surveillance & Mobile Services Monitoring

FL AIR ACCT CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

9 2005

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

444752 JAN20 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# 951274 10
 VALENCIA CLEANERS
 8175 Valencia College Lane
 ORLANDO, FL 32825

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

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