



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 9, 2005

Mr. Franciscus Loman
Exquisite Dry Cleaners
8647-12 Little Road
New Port Richey, Florida 34654

Re: Facility No.: 1010331-003

Dear Mr. Loman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 5, 2005.

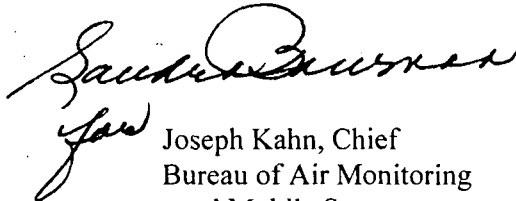
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 Monitoring
and Mobile Sources

JK/jw

cc: Mr. Joe Smolen, South West District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES *796-2003*.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS. *3*.....
COMP. STATUS - SNC MNC *8/26/2003*

Dibble, Dickson

From: Panetta, Joe
Sent: Monday, October 01, 2007 11:42 AM
To: Dibble, Dickson
Attachments: Exquisite Dry Cleaners 1010331.pdf; 1010331_perc[1].rtf

Hi Dick,

Please make this facility inactive.

Thank you,
Joe

Please feel free to phone or email if you have further questions.

Joseph V. Panetta

Air Program Compliance

Florida Department of Environmental Protection

Southwest District

13051 North Telecom Phwy.

Temple Terrace, FL 33637-0926

Joe.Panetta@dep.state.fl.us

(813) 632-7600 ext 105

S/C: 514-9155 ext 105

Fax: (813) 632-7668

Fax: (Suncom) 512-1073

Please Note: Florida has a very broad Public Records Law. Most written communications to or from State and Local Officials regarding State or Local business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CD)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 1010331 **DATE:** 09192007

ARRIVE: 1153

DEPART: 1222

FACILITY NAME: EXQUISITE DRY CLEANERS

FACILITY LOCATION: 8647-12 Little Rd
NEWPORT RICHEY 34654-

*No Perc Fa
6 1/2 years
See notes*

RESPONSIBLE OFFICIAL: FRANCISCUS LOMAN

PHONE: (727)841-0022

CONTACT NAME: Franciscus Loman

PHONE: (727)841-0022

REMITTANCE YEAR: 2006

ENTITLEMENT PERIOD: 2/5/2005 / 2/5/2010
(effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC

(check only one box in A)

A. 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. Ineligible for General Permit
drop store/out of business/petroleum
facility exceeds above limits

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was n/a gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

(check only one box for each question)

Does the responsible official of the dry cleaning facility:

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers? Yes No N/A
2. Examine the containers for leakage? ----- Yes No N/A
3. Close and secure machine doors except during loading/unloading? ----- Yes No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ----- Yes No N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ----- Yes No N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a **Existing small area source**, no controls are required. **Proceed to Part V.**
2. If the facility classification is a **New small area source**, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is a **Existing large area source**, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a **New large area source**, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

A. Has the responsible official of all existing large area & new sources:

(check only one box for each question)

1. Equipped all machines with the appropriate vent controls? ----- Yes No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- Yes No N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- Yes No N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- Yes No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- Yes No N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- Yes No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. Does the responsible official of an existing large or new large area source also:

(check only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ----- Yes No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? ----- Yes No N/A
 - a) Is the temperature differential equal to, or greater than 20° F? ----- Yes No N/A
3. Measure and record the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? ----- Yes No N/A
 - a) Is the perc concentration equal to, or less than 100 ppm? ----- Yes No N/A
4. Assure that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ----- Yes No N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ----- Yes No N/A
6. Route airflow to the carbon adsorber (if used) at all times? ----- Yes No N/A

PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Does the responsible official:

(check only one box for each question)

1. Maintain receipts for perc purchased? ----- Yes No
2. Maintain rolling monthly total of yearly perc consumption? ----- Yes No
3. Maintain leak detection inspection and repair reports for the following:
 - a) documentation of leaks repaired w/in 24 hrs? or; ----- Yes No N/A
 - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- Yes No N/A
4. Maintain calibration data? (for applicable direct reading instruments) ----- Yes No N/A
5. Maintain exhaust duct monitoring data on perc concentrations? ----- Yes No N/A
6. Maintain a startup/shutdown/malfunction plan? ----- Yes No
7. Maintain deviation reports? ----- Yes No N/A
 - a) Problem corrected? ----- Yes No N/A
8. Maintain a compliance plan, if applicable? ----- Yes No N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

(check only one box for each question)

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

detection and repair inspection? ----- Yes No

2. Does the facility maintain a leak log? ----- Yes No

3. Does the responsible official check the following areas for leaks?

a) Hose connections, fittings, couplings, and valves -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	g) Muck cookers -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Door gaskets and seating -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	h) Stills -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Filter gaskets and seating -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	i) Exhaust dampers -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Pumps -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	j) Diverter valves -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Solvent tanks and containers --	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	k) Cartridge filter housings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Water separators -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

4. Which method(s) of detection (is/are) used by the responsible official?

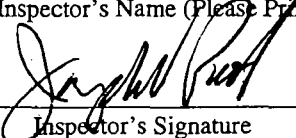
a) Visual examination (condensed solvent on exterior surfaces) -----	a) <input type="checkbox"/>
b) Physical detection (airflow felt through gaskets) -----	b) <input type="checkbox"/>
c) Odor (noticeable perc odor) -----	c) <input type="checkbox"/>
d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) -----	d) <input type="checkbox"/> ** (see below)
e) Halogen leak detector -----	e) <input type="checkbox"/>

****If using direct-reading instrumentation, is the equipment:** ----- ** N/A

1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----	1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Calibrated against a standard gas prior to and after each use (PID/FID only)? -----	2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Inspected for leaks and obvious signs of wear on a weekly basis? -----	3) <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Kept in a clean and secure area when not in use? -----	4) <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----	5) <input type="checkbox"/> Yes <input type="checkbox"/> No

Joseph V. Panetta

09192007

Inspector's Name (Please Print)

 Inspector's Signature

Date of Inspection
 n/a
 Approximate Date of Next Inspection

COMMENTS: Spoke with Mr. Loman. He said he hasn't used perc in about 6 1/2 years. Walked facility did not see any perc.



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 1010331 **DATE:** 09192007 **ARRIVE:** 1153 **DEPART:** 1222

FACILITY NAME: EXQUISITE DRY CLEANERS

FACILITY LOCATION: 8647-12 Little Rd
NEWPORT RICHEY 34654-

RESPONSIBLE OFFICIAL: FRANCISCUS LOMAN **PHONE:** (727)841-0022

CONTACT NAME: Franciscus Loman **PHONE:** (727)841-0022

REMITTANCE YEAR: 2006 **ENTITLEMENT PERIOD:** 2/5/2005 / 2/5/2010
 (effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

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5. Ineligible for General Permit
 drop store/out of business/petroleum
 facility exceeds above limits

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was n/a gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

(check only one box for each question)

Does the responsible official of the dry cleaning facility:

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2. Examine the containers for leakage? ----- Yes No N/A
3. Close and secure machine doors except during loading/unloading? ----- Yes No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ----- Yes No N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ----- Yes No N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC

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A. Has the responsible official of all existing large area & new sources:

(check only one box for each question)

1. Equipped all machines with the appropriate vent controls? ----- Yes No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- Yes No N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- Yes No N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- Yes No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- Yes No N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- Yes No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. Does the responsible official of an existing large or new large area source also:

(check only one box for each question)

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PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Does the responsible official:

(check only one box for each question)

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2. Maintain rolling monthly total of yearly perc consumption? ----- Yes No
3. Maintain leak detection inspection and repair reports for the following:
 - a) documentation of leaks repaired w/in 24 hrs? or; ----- Yes No N/A
 - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- Yes No N/A
4. Maintain calibration data? (*for applicable direct reading instruments*) ----- Yes No N/A
5. Maintain exhaust duct monitoring data on perc concentrations? ----- Yes No N/A
6. Maintain a startup/shutdown/malfunction plan? ----- Yes No
7. Maintain deviation reports? ----- Yes No N/A
 - a) Problem corrected? ----- Yes No N/A
8. Maintain a compliance plan, if applicable? ----- Yes No N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

(check only one box for each question)

detection and repair inspection? ----- Yes No

2. Does the facility maintain a leak log? ----- Yes No

3. Does the responsible official check the following areas for leaks?

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b) Door gaskets and seating -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	h) Stills -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Filter gaskets and seating -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	i) Exhaust dampers -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Pumps -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	j) Diverter valves -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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f) Water separators -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

4. Which method(s) of detection (is/are) used by the responsible official?

a) Visual examination (condensed solvent on exterior surfaces) -----	a) <input type="checkbox"/>
b) Physical detection (airflow felt through gaskets) -----	b) <input type="checkbox"/>
c) Odor (noticeable perc odor) -----	c) <input type="checkbox"/>
d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) -----	d) <input type="checkbox"/> ** (see below)
e) Halogen leak detector -----	e) <input type="checkbox"/>

****If using direct-reading instrumentation, is the equipment:** ----- ** N/A

1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----	1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Calibrated against a standard gas prior to and after each use (PID/FID only)? -----	2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Inspected for leaks and obvious signs of wear on a weekly basis? -----	3) <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Kept in a clean and secure area when not in use? -----	4) <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----	5) <input type="checkbox"/> Yes <input type="checkbox"/> No

Joseph V. Panetta

09192007

Inspector's Name (Please Print)

Date of Inspection

n/a

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Spoke with Mr. Loman. He said he hasn't used perk in about 6 1/2 years. Walked facility did not see any perc.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 5 2005

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

SW District

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EXQUISITE DRY CLEANERS		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	8647-12 LITTLE ROAD		
City:	County:	Zip Code:	
NEW PORT RICHEY	PASCO	34654	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1010331-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Title:		
FRANCIS LOMAN	OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	8647-12 LITTLE ROAD		
City:	County:	Zip Code:	
NEW PORT RICHEY	PASCO	34654	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(727) 841-0022	() -		

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:		
() -	() -		

RECEIVED

JAN 2 1999

DEPARTMENT OF ENVIRONMENTAL
CONSERVATION

1010331-003

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")
2001	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required <input checked="" type="radio"/>	Hydrocarbon BAN Machine
_____	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) Hydrocarbon Bonded 2000

(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 _____)

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.

FRANCISCUS LOMMAN

Print name of responsible official

Francis Lomman

Signature

01/03/05

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

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.

469209 FEB 14 2007

REC'D
FEB 10 2007
Bureau of
& Mobile Support

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

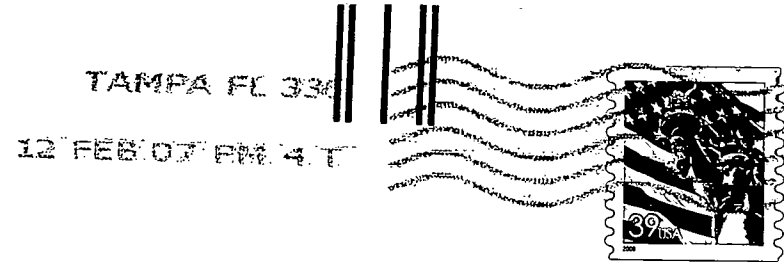
AIRS ID#1010331
EXQUISITE DRY CLEANERS ✓
8647-12 Little Rd
NEWPORT RICHEY, FLORIDA 34654

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

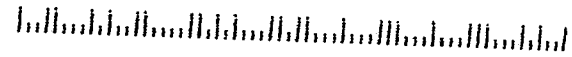
Printed on recycled paper.

Exquisite Dry Cleaners
8647-12 Little Rd.
New Port Richey, FL. 34654



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

32315-3070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459165 FEB23 2006

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# 1010331 1st
EXQUISITE DRY CLEANERS
8647-12 Little Rd
NEWPORT RICHEY, FL 34654

Bu. & Mobile Sources
Monitoring
FEB 23 2006

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447593 FEB25 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# 1010331 1stC
EXQUISITE CLEANERS
8647-12 Little Rd
NEWPORT RICHEY, FL 34654

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

FOR AIR MONITORING
& Mobile Sources

MAR 1 2005

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7004 2510 0002 3939 4520

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post: AIRS ID# 1010331 1stC		
Sent To EXQUISITE CLEANERS		
8647-12 Little Rd		
Street, Apt. 1 or PO Box N NEWPORT RICHEY, FL 34654		
City, State, Z		
PS Form 3800, June 2002		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE
 OF THE RETURN ADDRESS FOR MAILING

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:

AIRS ID# 1010331 1stC
 EXQUISITE CLEANERS
 8647-12 Little Rd
 NEWPORT RICHEY, FL 34654

2. Article Number
 (Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 SETYANA BUDIONO 2/7/05
- D. Is delivery address different from Item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4520

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



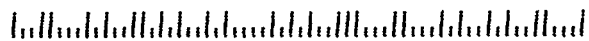
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

FEB 10 2005
RECEIVED
Air Quality & Mobile Sources Monitor

0001



7004 2510 0002 3939 8047

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OFFICIAL USE

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

Sent To AIRS ID#1.01033e+006.....2nd Cert 05
 EXQUISITE CLEANERS
 Street, Apt. No., or PO Box No. 8647-12 Little Rd
 City, State, ZIP+4 NEWPORT RICHEY, FL 34654

PS Form 3800, JUN 01

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:

AIRS ID#1.01033e+006.....2nd Cert 05
 EXQUISITE CLEANERS
 8647-12 Little Rd
 NEWPORT RICHEY, FL 34654

1010331-003

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 8047

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

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

3/4

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

Bureau of Environmental Protection

MAR 7 2005

RECEIVED

001

