

Florida Department of Environmental Protection

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

December 14, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Jere P. Smith Seaside Cleaners 4740 U.S. Highway 19 North Newport Richey, Florida 34652

Re: Facility No.: 1010375-002

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 13, 2007.

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 Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SV/pg

cc: Mr. Christopher Bradley, Southwest District

NO ACTIVITY FOR FACILITY EMISSION FEE DATES LOVE LOVE

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a **Perc** dry cleaning facility shall submit to the EPA and FLDEP **by registered mail** on or before **July 28, 2008** a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 1010375 PECEIV	Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?
The name and address of the owner or operator; JAN 0820)
TERE P. Similar Bureau VI Ad Mu	The Perc dry cleaning machine located in a building with no other tenants,
4740 DS 19 N	leased space, or owner occupants?
Mailing address of the owner or operator of the dry cleaning facility	Check one: Yes
NEW PORT RICHEY FL	Is the Perc dry cleaning operation a major or area source?
Mailing address line 2 34652 City State Zip Code	Major Source: Perc consumption is greater than 2100 gallons/year Area Source: Perc consumption is 2100 gallons/year or below
The address (that is, physical location) of the dry cleaning facility; Lin 40 US 19 N SeAS (DE CLeave	The yearly Perc solvent consumption: gallons (How much Perc did you buy over the last 12 months?)
Name of the dry cleaning facility	Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?
NEW PORT PICHEY FL 34652 Address of the dry cleaning facility (physical location)	Check one: No Yes
	All information contained in this statement is accurate and true.
Address line 2	All infolliation contained in this statement is accurate and true.
City State Zip Code	Signature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

To Whom It May Concern:

Name of Facility Name of Facility	has
Name of Facility .	
just received, on JULY 2008, noti	ce of
the need to file the attached form. Since we we	ere
not aware of the ruling requiring this informati	.on
prior to the date above, please accept this	
information as our attempt to remain complian	t
with Local, State and federal statutes.	
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JENE P. Sm. Th	
Title	
THE	

RECEIVE

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, a	igency, or individ	lual owner):	بذ	
SEASIDE	-, -, -, -, -, -, -, -, -, -, -, -, -, -	A		ure º	Series Series
	CLEAVER	5		3 0	
2. Site Name (For example, p	lant name or number):			Mobile Shures	
	,			্ট 😜	CI
Hazardous Waste Generate	an Identification Number				<u> </u>
3. Hazardous Waste Generato	or identification number.			0n	8
			•	ş, Q	
4. Facility Location:				<u>=</u>	
4. Facility Location: Street Address: 47	40 65192				
City:	Ruffer County: PA	- -	Zip Code:	2116	1
				3465	
5. Facility Identification Nun	iber (DEP Use ONLY - do no	t fill in): 🧥	$1 \Lambda 7 T$	17.17	$\Delta \Delta$
	(2) (20) (2) (3) (3) (4) (5)	PARTIES IN		l b I	-1(4)
					JU
D 111 000 11					
Responsible Official 6. Name and Title of Response	sible Official:				
1		Title:			
Name. VERE	, Smith	Title.	rench	_	
7. Responsible Official Maili					
Organization/Firm:	- B - 1-0-1-001				1
Street Address:				•	
City: / A / 10 . 20 1 4	County:	2	Zip Code:	21 115	
9140 05(3	ON NEW PORT	- शियावर	(PASCO)	3465	
8. Responsible Official Telep	hone Number:		1.		
Telephone: (727)	34510118	Fax: () N-1+4	L	
121	3471845	•	-	<u> </u>	_
T. W. G (TO NO.			,		
Facility Contact (If different					
9. Name and Title of Facility	Contact (For example, plant i	nanager):			
Stue					
10. Facility Contact Address:					
The second comment states of				•	
Street Address:					
City:	County:		Zip Code:		
		· · · · · · · · · · · · · · · · · · ·			
11. Facility Contact Telephone	Number:		•		
Telephone: ()	-	Fax: () -		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

BEST AVAILABLE COPY

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e 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")
19945	Existing/Ne		Ame
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
PANI	NSTAIN	2D ABOUT 74RS	s Aeo
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
unit. If the transfer machi 1993, it is a NEW unit (n	as purchased from ne was purchased o units purchased	the manufacturer prior to or on De	
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 K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
- · · · · · · · · · · · · · · · · · · ·	roethylene (perc)	have you used within the last 12 moths in)	onths?
(b) If less than 12 mor	iths, how many? [] months	•
Check why it is les	s than 12 months:	New owner: [] Did not keep	p records: []
		New store: [] New machine	: []
		Unopened store [] (date of e	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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) (used less than 200 gallons of perc per year) Transfer only on-site Both machine types on-site (used less than 140 gallons of perc per year) Large Area Source (used 140 - 2,100 gallons of perc per year) Dry-to-dry machines only on-site 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 New machines at small area source (NONE REQUIRED) Refrigerated condenser Existing machines at large area source New machines at large area source Carbon adsorber Refrigerated condenser 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 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 l natural gas _] No. 4 fuel oil No. 2 fuel oil l No. 6 fuel oil 1 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

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	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
[<u>·</u>],	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible	Official Certification
statemen maintain comply w I will pro	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Impuly notify the Department of any changes to the information contained in this notification. The of responsible official
Signature	1/-7-07 Date

DEP Form No. 62-213.900(2) Effective: 2/24/99 CECILY TART 850-922-6975

Facility Information

1.(a) DRY-TO-DRY M	or Ast Mornile		
How many dry-to-dry ma	chines do you have	on-site?	ية جي المان ال
For each dry-to-dry mach	nine on-site, please p	orovide the following informatio	on: Source
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/Nev	RC/CA/None required	
	Existing/Nev	RC/CA/None required	· . ·
	Existing/Nev	RC/CA/None required	
CONTROL DEVICE K		rigerated condenser CA	= carbon adsorber
.(b) TRANSFER MAC Tow many washers do yo		r i	
low many dryers/reclain		-cia9 []	
If the transfer machine want. If the transfer machine 1993, it is a NEW unit (n	as purchased from t ne was purchased f to units purchased a	he manufacturer prior to or on I com the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	······································

*CONTROL	DEVICE KEY:	

RC = refrigerated condenser

RC/CA/None required

RC/CA/None required

CA = carbon adsorber

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

[5] gallons (You must fill this in)

Existing/New

Existing/New

(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 _____

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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JEW PORT RICHEY, FC. 34652 7007 1490 0004 7840 7187

DEASIDE CLEANERS

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4740 U.S. 19 N.



BUREAU OF AIR MONITORING AND MOBILE SOURCE Dept. of ENVIRONMENTAL PROTECTION 2600 BLAIR STONE ROAD TALLANASSEE, FL 32395-2400

GENERAL PERMITS SECTION

5045:00 Claud 4740 US L9 NPR. FL 34652 CERTIFIED MAIL.



7008 1300 0000 8386 3832



FLURIDA DEPT OF ENVIRONMENTAL PRO.

GENERAL PERMITS STOCKED AND MOBILE SOURCE

2600 BLAIR STONE ROAD, MS#5510

TALLAHASSER, FL. 32339-2400

32399#6542 COOi

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