

Department of Environmental Protection

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

David B. Struhs Secretary

July 30 2001

Mr. Clark A. Gamble Carriage Cleaners 5675 Seminole Boulevard Seminole, Florida 33772

Re: Facility No.: 1030308-002

Dear Mr. Gamble:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

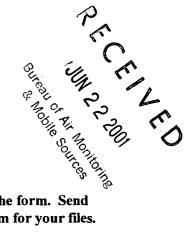
FresPaid SOC 4 Compliance IN

1030308-002

16) Existing should be circled Under Status. Mousout circle for New and intitial by R.O.

4. Existing machines at large area source Refrigerated consenser should be warled. Mars out and initial "X" under New machines at large area source

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, agency, or individual owner):					
Clark Gamble Corporation					
2. Site Name (For example, plant name or number):					
dba Carriage Cleaners					
3. Hazardous Waste Generator Identification Number:					
4. Facility Location: 5675 Seminole Blvd. Street Address:					
City: Seminole, FL County: Pinellas Zip Code: 33772					
5. Facility Identification Number (DEP Use ONLY - do not fill in):					
1030308-002					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: Clark A. Gamble Title: President					
7. Responsible Official Mailing Address:					
Organization/Firm: Street Address: 5/075 Seminole Bluel.					
Street Address: 5675 Seminole Bluel. City: Seminole FL County: Pinellas Zip Code: 33773					
8. Responsible Official Telephone Number:					
Telephone: (727)392-2175 Fax: (727)392-2175					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
(Same)					
10. Facility Contact Address: (Same) Street Address:					
City: County: Zip Code:					
11. Facility Contact Telephone Number: (Dame) Telephone: () - Fax: () -					

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY <u>1</u> 1 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 1991 Existing (New) (RČ/CA/None required "Same " Existing/New RC/CA/None required RC/CA/None required Existing/New *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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? $[152]_{0}$ 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 [____]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [] (date of expected opening

3. What is the facility's source classification based on the Indicate with an "X". Select one classification on	* · · · · · · · · · · · · · · · · · · ·					
Small Area Source						
Transfer only on-site (used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)					
Large Area Source						
Transfer only on-site (used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)					
4. What control technology is required on machines put (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?					
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 [X]					
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	✓ OR					
How many boilers do you have on-site?						
For each boiler, indicate its horsepower (HP) rating: [O] [J] [5]						
What type of fuel do you use? [] propane [] No. 2 fuel of [] No. 6 fuel of						
6. Equipment Monitoring and Recordkeeping Informa	tion					
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 ad	dition log [X]					
(b) Leak detection inspection and repair	[X_]					
(c) Refrigerated condenser temperature monitoring	(X)					
(d) Carbon adsorber exhaust perc concentration monit	oring [N/A]					
(e) Startup, shutdown, malfunction plan	\boxtimes					

DEP Form No. 62-213.900(2)

7. Surrender of E	xisting DEP Air Permit(s)
Please indicate w	ith an "X" the appropriate selection:
	hereby surrender all existing DEP air permits authorizing operation of the facility indicated in is notification form; the permit number(s) are
	o DEP air permits currently exist for the operation of the facility indicated in this notification orm.
Responsible Offi	cial Certification
this notificati statements m maintain the comply with t	igned, am the responsible official, as defined in Part II of this form, of the facility addressed in ion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ade in this notification are true, accurate and complete. Further, I agree to operate and air pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form. ly notify the Department of any changes to the information contained in this notification.
	Gamble fresponsible official Date

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



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 to your files.

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
<u> </u>	Clark Gamble Corporation						
2.	Site Name (For example, plant name or number):						
	aba Carriage Cleaners						
	Hazardous Waste Generator Identification Number:						
4.	Facility Location: 5675 Semmole Blvd. Street Address:						
	City: Semmole FL County: PINEILAS Zip Code: 33772						
5.	Facility Identification Number (DEP Use ONLY - do not fill in):						
	1030308 - 002						
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	ponsible Official						
:6. Nan							
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 5675 Serningle Bluel. City: Serningle FL County: Pinellas Zip Code: 33773						
-							
8.	Responsible Official Telephone Number: Telephone: (7)7)393-2175 Fax: (7)7)392-2175						
Fac	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	(Same)						
10.	Facility Contact Address: (Same)						
	Street Address: City: County: Zip Code:						
11.	Facility Contact Telephone Number: (Dame) Telephone: () - Fax: () -						

DEP Form No. 62-213.900(2)

Facility Name and Location

1.(a) DRY-TO-DRY MA		. 1	
How many dry-to-dry mad			
For each dry-to-dry mach Date Initially Purchased From Manufacturer		e provide the following information Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
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•	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE KE	EY: RC = re	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY	**!	
How many washers do you	u have on-site?	[_ AV / }]	
unit. If the transfer machin	as purchased from	the manufacturer prior to or on	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22
If the transfer machine wa unit. If the transfer machin 1993, it is a NEW unit (no	as purchased from ne was purchased o units purchased	the manufacturer prior to or on	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 owed to operate under this general
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If the transfer machine wa unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlor [15216] gallon (b) If less than 12 mon	as purchased from the was purchased of units purchased of units purchased of machine on-site. Status (circle one) Existing/New Existing/New	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are alle, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Control Device Required* RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber months?
If the transfer machine wa unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlor [15216] gallon (b) If less than 12 mon	as purchased from the was purchased of units purchased of units purchased of machine on-site. Status (circle one) Existing/New Existing/New	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are alle, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required AC/CA/None required RC/CA/None required	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

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

3. What is the facility's source class Indicate with an "X". Select of		1 \		3) of Part II?
Small Area Source				n garanan kan
Dry-to-dry mach Transfer only or Both machine ty	nines only on-site		0 gallons of per 0 gallons of per	c per year) c per year)
Large Area Source	(\mathbf{X})		•	· · · · · ·
Dry-to-dry mach Transfer only or Both machine ty	i-site	(used 140 - 2,100 (used 200 - 1,800 (used 140 - 1,800	gallons of perc	per year)
4. What control technology is requ (Indicate with an "X".)	nired on machines p	ursuant to section	(5) of Part II of	f this notification form?
Existing machines at sma (NONE REQUIRED)	III area source		chines at small a ated condenser	urea source
Existing machines at large Carbon adsorber Refrigerated condenser	e area source		chines at large a sted condenser	rea source
5. A facility which contains non-Rule 62-213,300, F.A.C. Verify the exemption criteria or that no such All steam and hot water generating No such units on-site. How many boilers do you have on	hat all steam and ho units exist on-site (g units exempt	ot water generating see attached mem	g units on-site m o for the criteria	neet the following a)
For each boiler, indicate its horser	ower (HP) rating: [2115		
What type of fuel do you use?	propane No. 2 fuel No. 6 fuel	oil [] N	atural gas o. 4 fuel oil ther (please list)
6. Equipment Monitoring and Rec	ordkeeping Informa	ation		
Check all logs which are required	to be kept on-site in	n accordance with	the requiremen	ts of this general permit:
(a) Purchase receipts and solvent p	ourchases/solvent ac	ldition log	(X)	
(b) Leak detection inspection and	repair		(X_{-})	
(c) Refrigerated condenser temper	ature monitoring		ιXJ	
(d) Carbon adsorber exhaust perc	concentration moni	toring	[A[W]	
(e) Startup, shutdown, malfunction	n plan Henrowski na sa	a a transfer en de ga a com ativo e de ga		et gardwite
	rasia inda j <u>ama</u> (io	100, W. H.		

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

Thereby 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.

Clark Gamble
Print name of responsible official

Signature

Date

DEP Form No. 62-213.900(2)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456880 DEC152065

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

TOTAL AMQUNT DUE: \$50.00

Do NOT Remove Label

1030308 10 CARRIAGE CLEANERS INC 5675 Seminole Blvd SEMINOLE, FL 34642 FLAIR ACCT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING 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
443354 DEC15 2004

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# 1030308 10 CARRIAGE CLEANERS INC 5675 Seminole Blvd SEMINOLE, FL 34642 EC 1 6 21 s Mobile Sources

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

1,



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 420495 DEC11 2002

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

AIRS ID#1030308

CARRIAGE CLEANERS INC CLARK GAMBLE 5675 SEMINOLE BLVD SEMINOLE FL 33772 FOR GOVERNMENTEUSE OFLY Org.: 37550101000 Eo: A1 Fund: 20-2-035001 Coi.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411958 DEC20281

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

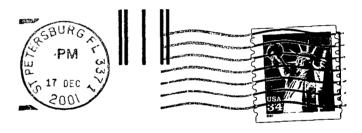
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030308 CARRIAGE CLEANERS INC CLARK GAMBLE 5675 SEMINOLE BLVD SEMINOLE FL 33772

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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