

# Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

December 17, 2008

Ms. DeeAnn Kerrutt Arome Dry Cleaners 1969 Sunset Point Road, Suite 5 Clearwater, Florida 33765

Re: Facility No.: 1030381-005

Dear Ms. Kerrutt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 12, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) 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 five (5) years. Therefore, a new registration form must be received no later than five (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 F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

SFV/pg

NO ACTIVITY FOR FACILITY
MISSION FEE DATES PITELLY
SOC REPORT SOC MNC (N)

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Report - 11/7/2008 - IN

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# 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.

Fac	Facility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	AROME DRY CLEANERS DERANKERRUTI				
2.	Site Name (For example, plant name or number):				
	ARone Dry Cleaners				
3.	Hazardous Waste Generator Identification Number:				
	1030381-004-AG				
4.	Street Address: 1969 Sunset Point ROAD #5				
	City: Clearwater FL County: Pinellas Zip Code: 33765				
5.	Facility Identification Number (DEP Use ONLY - do not fill in): 103038/-005				
Responsible Official					
6. Name and Title of Responsible Official:					
	Name: DEEANN KERRUTT Title: OWNER				
7.	Responsible Official Marining Address.				
	Organization/Firm: Street Address: 1969 SUNSET POINT RD #5				
	City: Clearwarer, FL County: Pinellas Zip Code: 33765				
8.					
	Telephone: (727)562- 9339 Fax: () -				
Facility Contact (If different from Responsible Official)					
	Name and Title of Facility Contact (For example, plant manager):				
4	N/A				
10.	Facility Contact Address:				
	Street Address:				
	City: County: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: ( ) - Fax: ( ) -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

## **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	1:		
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")		
1990	Existing No.	ew RC/CA/None required	SAME		
	Existing/No	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·		
	Existing/No	ew RC/CA/None required			
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber		
1.(b) TRANSFER MAC	HINES ONLY				
How many washers do yo	ou have on-site?	[N/A]			
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased o units purchased	from the manufacturer between D after September 22, 1993 are allow, please provide the following info 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	<u> </u>		
		have you used within the last 12 m	carbon adsorber onths?		
` ,	D) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] Did not keep records: []				
Check why it is les	s man 12 months	New store: [] New machine			
		Unopened store [ ] (date of			

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3. What is the facility's source classification based on Indicate with an "X". Select one classification or				
Small Area Source				
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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				
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 p (Indicate with an "X".)	oursuant 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 []			
	nits shall not be eligible to use the general permit pursuant to be twater generating units on-site meet the following exemption d 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: [	<b>\$</b> 151			
What type of fuel do you use?  [] No. 2 fuel  [] No. 6 fuel	·			
6. Equipment Monitoring and Recordkeeping Information	ation			
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				

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### 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 1030381-004-AG

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.

Print name of responsible offici

Date

11-7-08

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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#### Wise, Jane

From:

Wise, Jane

Sent:

Thursday, November 20, 2008 3:18 PM

To:

'grobbins@pinellascounty.org'

Cc:

Veazey, Sandra; Bowman, Sandy

Subject:

Recently Received AG Registrations

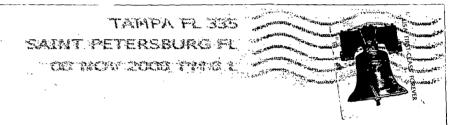
Attachments: 1030381-005.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made after the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson dibble@dep.state:fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy bowman@dep.state.fl.us

ARONE CLEANERS
1969 SUNSET POINT RD. #5
CLEARWATER FE 33765



GENERAL PERMITS Section

BUREAU OF Air Monitoring & Mobile Sources, MS.SSI
DEPARTMENT OF ENVIORMENTAL PROTECTION

2600 BLAIR STONE ROAD

VALLAHASSEE, FL 32399-2400