

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

November 16, 2004

Nuchanata Vandenbosch
Same Day Cleaners
5626 Cypress Gardens Boulevard
Winter Haven, Florida 33884

Re: Facility No.: 1050279-003

Dear Vandenbosch:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 4, 2004.

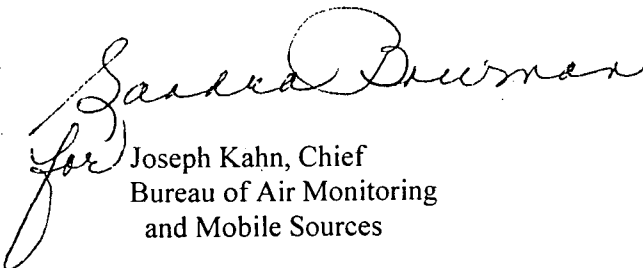
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 196-2003
NO ACTIVITY FOR FACILITY
ACTIVIREPORTS 3
COMP. STATUS - SNC MNC (IN)

5/5/2004

RECEIVED

OCT 4 2004

Bureau of Air Monitoring & Mobile Sources

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 *SWDIST*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>SAMEDAY CLEANERS NUCHANATH VANDEN BOSCH</i>
2. Site Name (For example, plant name or number):	<i>SAMEDAY CLEANERS AIRSID # 01050279</i>
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	<i>5626 CYPRESS GARDENS BLVD</i>
City:	<i>WINTER HAVEN County: POLK Zip Code: 33884</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>1050279-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name:	<i>NUCHANATH VANDEN BOSCH</i>	Title:	<i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm:	<i>SAMEDAY CLEANERS</i>	Street Address:	<i>5626 CYPRESS GARDENS BLVD</i>
City:	<i>WINTER HAVEN County: POLK</i>	Zip Code:	<i>33884</i>
8. Responsible Official Telephone Number: Telephone:	<i>(863) 324-7299</i>	Fax:	<i>() -</i>

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:	<i>() -</i> Fax: <i>() -</i>

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")
<u>OCT 1991</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<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?

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
- 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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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?

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

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.

NUCKANATHA YANDENBOS CA
Print name of responsible official

Nuckatha Vandenbos
Signature

9/30/04
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.

*CHANGED TO INACTIVE STATUS, AS OF 10/19/06.
D.D.

Bureau of Air Monitoring
& Mobile Sources

OCT 19 2006
RECEIVED

SAMEDAY CLEANERS.

5626 CYPRESS GARDENS BLD

WINTER HAVEN, FL. 33884

863-324-7299

AIRS ID # 1050279.

(Christopher Bradley - SW District)

10/14/2006

DEAR SIR,

I WOULD LIKE TO INFORM YOU THAT ON
SEPTEMBER 30, 2006. THE ABOVE DRYCLEANING
PLANT HAD OLD DRYCLEANING PERC MACHINE
REMOVED AND NEW HYDROCARBON 40 lbs UNION
MACHINE HAD BEEN STALLED BY STEINER -
ATLANTIC, INC. THE NEW MACHINE WAS START
UP ON OCTOBER 2nd, 2006, AND IN GOOD
WORKING CONDITION.

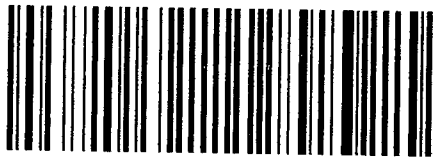
SINCERELY YOURS,

Nushanatha Vanden Bosch

-NUSHANATHA VANDEN BOSCH

OWNER

Same Day Cleaners
5626 Cypress Gardens Blvd.
Winter Haven, FL 33884



7005 2570 0002 3209 2479



U.S. POSTAGE
0279:
H METER 154432

To

MA. DIKSON DIBBLE
TITLE V AIR GENERAL PERMITS.
2600 BLAIR STONE ROAD, MS. 5510
TALLAHASSEE, FL. 32399-2400

3239996542 0001



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445781 FEB 9 2005

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

RECEIVED

FEB 10 2005

AIRS Monitoring & Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1050279 10 SAME DAY CLEANERS 5626 Cypress Gardens Blvd WINTER HAVEN, FL 33884

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

457127 DEC 21 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

1050279 10 SAME DAY CLEANERS 5626 Cypress Gardens Blvd WINTER HAVEN, FL 33884
--

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
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Bureau of Air Monitoring & Mobile Sources

DEC 22 2005

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Postage	\$
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Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID# 1050279 1stC
 SAME DAY CLEANERS
 5626 Cypress Gardens Blvd
 WINTER HAVEN, FL 33884

PS Form 3800, June 2002

See Reverse for Instructions

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# 1050279 1stC
 SAME DAY CLEANERS
 5626 Cypress Gardens Blvd
 WINTER HAVEN, FL 33884

2 Article Number
(Transit)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carol Sellgren Agent
 Addressee

B. Received by (Printed Name)
 CAROL SELLGREN

C. Date of Delivery
 2/7/05

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

595-02-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

Bureau of Air Monitoring
& Mobile Source

FEB 10 2005

RECEIVED

