

## 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

November 7, 2008

Mr. Frank A. Savoie Top Hat Cleaners #1 212 Main Street Auburndale, Florida 33823

Re: Facility No.: 1050281-005

Dear Mr. Savoie:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 6, 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

cc: Ms. Danielle Henry, Southwest District

INSP-Date-196-2006

SOCR-4
TRPI-SUR-State ment of Compliance Report
3/10/2008-SOCK-REVIEW RECEIVED Report
INSP-Aubumdale, Polk Co-Sup-Ditterny



|   | <b>1</b> |
|---|----------|
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| . P   |          |
| 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 a completed form to the address listed in the instructions and keep a copy of the form for your files. | CEIVED   |
| 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. To   |          |
| Facility Name and Location  |          |
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  |          |
| to The Diale To Wat Plan 1996   |          |
| Tonsco Inc. D/B/A Top HAT CLEANERS  2. Site Name (For example, plant name or number):   |          |
|   |          |
| TOP HAT CLEANERS #1   |          |
| 3. Hazardous Waste Generator Identification Number:   | i        |
| FLD 984170480   |          |
| 4. Facility Location: 212 m AIN ST.   |          |
| Street Address:   |          |
| City: AUBURNDALe County: FC Zip Code: 33873   |          |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):  |          |
| 1050281-005   |          |
|   |          |
| Responsible Official  |          |
| 6. Name and Title of Responsible Official:  |          |
| Name: FRANK A. SAVOIE Title: OWNER  |          |
| 7. Responsible Official Mailing Address:  |          |
| 7. Responsible Official Mailing Address: Organization/Firm: To NSCO TNC Street Address: 2/2 m/9/N ST. City: City: County: POLK Zip Code: 53823  |          |
| Street Address: 2/2 h/3/1/ Zin Code: 25.67  |          |
| City: AUBURNAALE POLK Zip Code: 33823   |          |
| 8. Responsible Official Telephone Number:   |          |
| Telephone: (863) 96722-87 Fax: (863) 967-4567   |          |
|   |          |
| Facility Contact (If different from Responsible Official)   |          |
| 9. Name and Title of Facility Contact (For example, plant manager):   | •        |
| SAME AS ABOVE   |          |
| 10. Facility Contact Address: SAME AS ABOVE   |          |
| 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 MACHINES ONLY

| How many dry-to-dry ma  | chines do you ha                                     | ve on-site?   |   |
|---|--|---|---|
| For each dry-to-dry mach  | ine on-site, pleas                                   | e provide the following information                   | n:  |
| Date Initially Purchased<br>From Manufacturer<br>らんかナノタタ        | Status<br>(circle one)                               | Control Device Required*  (circle one)  Geratus Mac   | Date Control Device Installed (if already included at time of parchase, write "SAME") |
| 5   | Existing/No  | ew RC/CA/None required                                |   |
|   | Existing/No  | ew RC/CA/None required                                |   |
|   | Existing/No  | ew RC/CA/None required                                |   |
| *CONTROL DEVICE K   | EY: RC = r   | refrigerated condenser CA                             | = carbon adsorber   |
| 1.(b) TRANSFER MAC  | HINES ONLY   |   |   |
| How many washers do yo  | ou have on-site?                                     |   | ur.   |
| How many dryers/reclain   | ners do you have o                                   | on-site? []   |   |
| unit. If the transfer machi<br>1993, it is a <b>NEW</b> unit (n | ne was purchased<br>o units purchased                |   |   |
| Date Initially Purchased<br>From Manufacturer                   | Status<br>(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   |
| 2.(a) How much perchlor<br>2.(b) If less than 12 mon            | coethylene (perc) ns (You must fill ths, how many? [ | have you used within the last 12 n this in)    months | ed 9.15.08  |
| Check why it is les   | s than 12 months:                                    | : New owner: Did not kee                              | ep records: []  |
|   |  | New store: [] New machin                              |   |
|   |  | Unopened store [] (date of                            | expected opening)   |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

| 3. What is the facility's source classification based or Indicate with an "X". Select one classification o  |   |  |  |  |
|---|---|--|--|--|
| 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<br>Transfer only on-site<br>Both machine types on-site   | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(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<br>ot water generating units on-site meet the following exemption<br>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:   | 201 HT.   |  |  |  |
| What type of fuel do you use?  [] propane  [] No. 2 fue  [] No. 6 fue   |   |  |  |  |
| 6. Equipment Monitoring and Recordkeeping Inform  | ation   |  |  |  |
| Check all logs which are required to be kept on-site in   | n accordance with the requirements of this general permit:  |  |  |  |
| (a) Purchase receipts and solvent purchases/solvent a   | ddition log   |  |  |  |
| (b) Leak detection inspection and repair  | [ <u>~</u> ]  |  |  |  |
| (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan |   |  |  |  |
| (d) Carbon adsorber exhaust perc concentration monitoring   | itoring   |  |  |  |
| (e) Startup, shutdown, malfunction plan   | $_{I}\mathcal{U}_{I}$   |  |  |  |

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

| 7. Surrender o   | of Existing DEP Air Permit(s)   |
|--|---|
| Please indicat   | e 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  |
| this notifi<br>statement<br>maintain<br>comply w<br>I will pro | Tersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.  I A NIC A SAVOIC  The of responsible official  The part of the information contained in this notification.  The part of the part of the information contained in this notification.  The part of the part of the part of the information contained in this notification. |

DEP Form No. 62-213.900(2)

Effective: 2/24/99



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October 8, 2008

To Whom It May Concern:

Please advise us if the enclosed documents are all that are required for us to be in compliance with Local, State, and Federal statutes regarding Environmental issues for Drycleaners.

We have telephoned several offices and we have submitted information regarding Top Hat Cleaners, a business of which we resumed ownership and operation on September 15, 2008. At this time, we do not know if we have fulfilled our obligations.

Please contact us.

Mail: 212 Main Street, Auburndale, FL 33823

Office Phone: (863) 967-2287 Cell Phone: (863) 224-3009

Fax: (863) 967-4567.

Email: frank-n-ellensavoie@verizon.net

Thank you for your prompt attention.

Yours truly wall Same

Frank A. Savoie

J. Ellen Savoie

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Not person and it was all

RNDALE, FLORIT

FAX: 90 1,25 ID # 1050 281

212 Main Street Auburndale, Florida 33823 PHONE: 863.967.2287 FAX: 863.967.4567

| PERCHLOROETHYLENE (Perc) Dry C Each owner or operator of a Perc dry cleaning facility shall submit to the E notification of compliance status providing the following information and s                                     | PA and FLDEP by registered mail on or before July 28, 2008 a   |
|---|--|
| The name and address of the owner or operator;  Tonsco Five DIBIA Top HAT CLEANERS  Name of the owner or operator of the dry cleaning facility  Mailing address of the owner or operator of the dry cleaning facility 35525 | 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?  Check one:  No  Yes  Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?  Check one:  No  Yes |
| Mailing address line 2 $f \cup B \cup R \cap A \cap F \cup F \cup 33893$ City State Zip Code  The address (that is, physical location) of the dry cleaning facility;  | Is the Perc dry cleaning operation a major or area source?  Major Source: Perc consumption is greater than 2100 gallons/year  Area Source: Perc consumption is 2100 gallons/year or below  The yearly Perc solvent consumption: / 20 gallons  (How much Perc did you buy over the last 12 months?)       |
| Name of the dry cleaning facility  Address of the dry cleaning facility (physical location)   | Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?  Check one:  No  Yes  All information contained in this statement is accurate and true.   |
| Address line 2  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<br>General Permits Section<br>Bureau of Air Monitoring and Mobile Sources<br>2600 Blair Stone Road, MS #5510<br>Tallahassee, Florida 32399-2400   |

# To Whom It May Concern:

| TONSCO INC.   |
|---|
| just received, on <u>Sept. 15th</u> 2008, notice of |
| just received, on <u>Sept 15th</u> 2008, notice of  |
| the need to file the attached form. Since we were   |
| not aware of the ruling requiring this information  |
| prior to the date above, please accept this         |
| information as our attempt to remain compliant      |
| with Local, State and federal statutes.             |
|   |
| Frank Asarone Signature                             |
| FRANK A. SAVOIE                                     |
| own er  |
| Title   |



DRY CLEANING & LAUNDRY EXPERIENCED GARMENT RESTORATION

Cell 863 -224 3009 AUBURNDALE, FL 33823

FRANK SAVOIE **OWNER** 

PH: 863.967.2287



PREMIUM QUALITY **DRY CLEANING & LAUNDRY** 

212 MAIN STREET AUBURNDALE, FL 33823

> RETURN RECEIPT REQUESTED

7007 3020 0002 1715 5415





Florida Department of Environmental Protection

General Permits Section

Bureau of Air Monitoring and Mebile Sources 2600 Blair Stone Rd., MS # 5510

Tallahassee, FL 32399-2400

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DRY CLEANING & LAUNDRY EXPERIENCED GARMENT RESTORATION

212 MAIN STREET AUBURNDALE, FL 33823 FAX: 863.967.4567 PH: 863.967.2287

FRANK SAVOIE OWNER



PREMIUM QUALITY **DRY CLEANING & LAUNDRY** 

212 MAIN STREET AUBURNDALE, FL 33823

2600 Blair Stone Rd MS 5510

Stephen J. Mc Leough Small Business assistance Program

Tallahassee, 91 32399 - 2400

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