

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2001

Ms. Mary Averill  
Sun Cleaners  
3115 US Highway 98 North  
Lakeland, Florida 33805

Re: Facility No.: 1050282-002

Dear Ms. Averill:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2001.

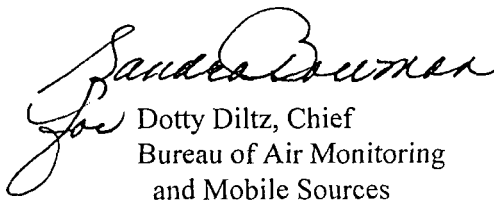
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

6/19 Fees Paid 96-00  
SOC Entered

1056282-002

p16

5. All steam and hot water units...  
should be marked. Mark with "X" by  
No such units and initial.
- 6(e) Required. Should be marked

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NO SOCR  
2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 13 2001  
Bureau of Air Monitoring  
& Mobile Sources

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): <p>SUN CLEANERS</p>
2. Site Name (For example, plant name or number): <p>SAME</p>
3. Hazardous Waste Generator Identification Number: <p>FLD 980847271</p>
4. Facility Location: Street Address: 3115 US Hwy 98 N City: LAKELAND County: POLK Zip Code: 33805
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p>1050282-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: MARY AVERILL Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3115 US Hwy 98 N City: LAKELAND County: POLK Zip Code: 33805
8. Responsible Official Telephone Number: Telephone: (863) 686-9009 Fax: ( ) -

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: ( ) - Fax: ( ) -

**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")
JAN 84	Existing/New	RC/CA/None required	13 - AUG. 96
_____	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><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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.*

MARY AVERILL  
Print name of responsible official

Mary Averill  
Signature

6-11-01  
Date



BEST AVAILABLE COPY

RECEIVED

JUN 3 2003

Bureau of Air Monitoring  
& Mobile Sources

May 03

This is to inform you that we have gone out of business. Sun Cleaners, 3115 US Hwy 98 N, Lakeland, FL 33805. We closed our doors in May. We would like you to take us off the books.

Customer ID# STCM-39537

Thank you

Mary Aweill



SUN CLEANERS  
3115 U.S. Hwy. 98 N.  
Lakeland, FL 33805

RECEIVED  
MAY 27 2003

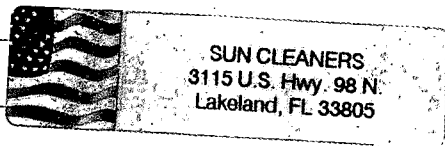
Bureau of Air Monitoring  
& Mobile Sources

Sandy Bowman,

This is to inform you that  
Sun Cleaners, 3115 US Hwy 98 N,  
Lakeland, FL, 33805 has gone out  
of business. We need to be  
taken off the books.

AIRS ID # 1050282

Thank you  
Mary Cweill



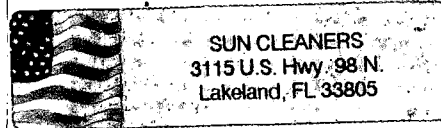
SUN CLEANERS  
3115 U.S. Hwy. 98 N.  
Lakeland, FL 33805



General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Dept. of Environmental Protection  
2600 Blair Stone Road  
Tallahassee,

Fl. 32399-2400

32399+2400



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2600 Blair Stone Rd.  
MS 5510  
Tallahassee,

Fl. 32399-2400

32399+2400

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0001 7975 7292

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*[Handwritten Signature]*  
 Postmark Here

**Total P** AIRS ID#1050282

Sent To **SUN CLEANERS**  
**MARY AVERILL**  
 Street, A **3115 US HWY 98N**  
 or PO Bx **LAKELAND FL**  
 City, St: **33805**

PS Form 3800, January 2001 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#1050282

SUN CLEANERS  
 MARY AVERILL  
 3115 US HWY 98N  
 LAKELAND FL  
 33805

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  Addressee

B. Received by (Printed Name) **JANICE JANSON** C. Date of Delivery **270300**

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

2 Article Number (Transfer from service label) **7001 0320 0001 7975 7292**

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION J 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 12 2003



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413608 JAN28 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

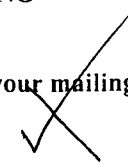
AIRS ID # 1050282
SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**

422547 FEB 5 2003

Do **NOT** Remove Label

AIRS ID#1050282
SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805

RECEIVED  
FEB 10 2003  
Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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