



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 2 2001

Mr. James Schmelzer
Doc's Laundry
5100 U.S. 98 North Suite 1
Lakeland, Florida 33809

Re: Facility No.: 1050284-002

Dear Mr. Schmelzer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 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.

Fees Paid
SOC 4
Compliance IN

1050284-002

p15

1(a) RC selected under Control Device Required should not be marked. Mark out and initial.

Date Control Device Installed is not required for Existing small sources. Mark out "SAME" and initial.

p16

6(e) Required. Should be marked.

p17

Responsible official sign and date for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

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.

RECEIVED
JUN 27 2001
Solid Waste & Environmental Monitoring

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ELMORE ENTERPRISE INC.		
2. Site Name (For example, plant name or number):	DOC'S LAUNDRY		
3. Hazardous Waste Generator Identification Number:	AIRS ID # 10502844001 AG.		
4. Facility Location: Street Address: City: County: Zip Code:	5100 US 98 N. SUITE 1 LAKELAND Polk 33809		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1050284-002		

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	JAMES SCHMELZER PRESIDENT		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	5100 US 98 N. SUITE 1 LAKELAND Polk 33809		
8. Responsible Official Telephone Number: Telephone: Fax:	(868) 8581905 () -		

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? ONE

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>4-90</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?

25 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 I DONT KNOW THE NUMBER
- 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.

James Schmelzer
Print name of responsible official

X JAMES SCHMELZER 6-12-01
Signature Date

Bowman, Sandy

From: Janis, Neal
Sent: Thursday, December 21, 2006 7:55 AM
To: Bowman, Sandy
Subject: closed dry cleaners

Please close out Quail Meadows Dry Cleaners #0830147. Inspected on 11/7/06 store was empty. Doc's Laundromat #1050284 inspected on 12/20/06 store had new owner, no machine, just a coin laundry. These two facilities are no longer in business as perc sources. Thanks Neal

RECEIVED
JUL 19 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
Mobile Sources

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RECEIVED
JUN 27 2001
Bureau of Air Monitoring
Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner)	ELMORE ENTERPRISE INC.		
2. Site Name (For example, plant name or number):	DOC'S LAUNDRY		
3. Hazardous Waste Generator Identification Number:	AIRS ID # 10502844001 AG		
4. Facility Location:	5100 US 98 N. SUITE 1		
Street Address:			
City:	LAKELAND	County:	POLK
		Zip Code:	33809
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1050284-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JAMES SCHMELZER	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	5100 US 98 N. SUITE 1		
Street Address:			
City:	LAKELAND	County:	POLK
		Zip Code:	33809
8. Responsible Official Telephone Number:			
Telephone:	(868) 8581905	Fax:	() -

Facility Contact (If different from Responsible Official)

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Telephone:	() -	Fax:	() -

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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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"/> |

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I will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

Signature

Date

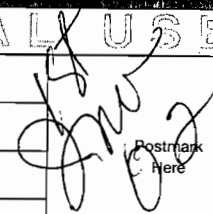
JAMES SCHMELZER

6-12-01

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

OFFICIAL USE

7001 0320 0001 7975 7100

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

AIRS ID#1050284

Sent To	DOC'S LAUNDRY JAMES SCHMELZER
Street, or PO	5100 US 98 N
City, S	LAKELAND FL 33809

PS Form 3811, 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:

DOC'S LAUNDRY
 JAMES SCHMELZER
 5100 US 98 N
 LAKELAND FL
 33809

AIRS ID#1050284

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Judith Schmelzer 2.7.03

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 7100

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 15510
2600 BLANKENHOF ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitor
& Mobile Sources

FEB 12 2003

RECEIVED

7003 0500 0004 0144 7320

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Tot: AIRS ID# 1050284 1stC Sent DOC'S LAUNDRY 5100 US 98 N LAKELAND, FL 33809 <small>Street or PO City.</small>	
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# 1050284 1stC
 DOC'S LAUNDRY
 5100 US 98 N
 LAKELAND, FL 33809

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Wilma Watson Agent Addressee

B. Received by (*Printed Name*) C. Date of Delivery
 2/7/06

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

7003 0500 0004 0144 7320

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

RECEIVED

FEB 16 2005

Division of Air Monitoring
& Mobile Sources

01



7004 2510 0002 3939 5046

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID#1.05028e+006.....2nd Cert 05

Sent To DOC'S LAUNDRY
 5100 US 98 N
 LAKELAND, FL 33809

Street, Apt. # or PO Box No
 City, State, Z

PS Form 3811, August 2001

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#1.05028e+006.....2nd Cert 05
 DOC'S LAUNDRY
 5100 US 98 N
 LAKELAND, FL 33809
 #1050284

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3/4

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) 7004 2510 0002 3939 5046

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 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 7 2005

RECEIVED





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.

412483 JAN 2 2002

TOTAL AMOUNT DUE: \$50.00

RECEIVED
JAN - 4 2002

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 1050284
DOC'S LAUNDRY JAMES SCHMELZER 5100 US 98 N LAKELAND FL 33809

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



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.

422853 FEB 12 2003

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1050284
DOC'S LAUNDRY JAMES SCHMELZER 5100 US 98 N LAKELAND FL 33809

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435968 FEB 4 2004

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

1050224
JAMES SCHMELZER
DOC'S LAUNDRY
5100 US 98 N
LAKELAND FL 33809

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

Bureau of Air Mail
& Mobile Sources
RECEIVED
FEB 9 2004

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 449088 MAR 2 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1050284 1stC
DOC'S LAUNDRY
5100 US 98 N
LAKELAND, FL 33809

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

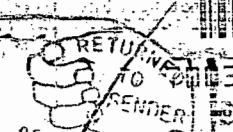
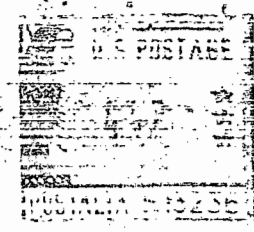
Bureau of Air Mail
& Mobile Sources
RECEIVED
MAR 7 2005

5510
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

PERMITS DIVISION



2260 0003 5650 2002



REASON CHECKED
Unclaimed Refused
Undelivered No known address
No such street No such office in state
Do not re-mail

AC5521

2/14
BAMMS/BOB
JOEY ROBERTS
5510

RECEIVED
MAR 2 2004
Bureau of Air Monitoring
& Mobile Sources

ED# 1050284
JAMES SCHMELZER
DOC'S LAUNDRY
5100 US-98 N
LAKELAND, FL 33809

1st Notice 2/20
2nd Notice 2-11-04
221



U.S. Postal Service
GENERAL DELIVERY RECEIPT
 For delivery information visit our website at www.usps.com
 Official Air Mail

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 Endorsement Required _____
 Restricted Delivery Fee _____
 Endorsement Required _____

Total Postage ID# 1050284

Sent To
 JAMES SCHMEITZER
 DOCS LAUNDRY
 5100 US 98 N
 LAKELAND, FL 33809
 City, State, ZIP+4
 or PO Box No.

See Reverse for Instructions

2003 2260 0003 5650 9882

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ID# 1050284
 JAMES SCHMEITZER
 DOCS LAUNDRY
 5100 US 98 N
 LAKELAND, FL 33809

2. Article Number: 7003 2260 0003 5650 9882
 (Transfer from service label)

3. Service type:
 Registered
 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Insured Mail
 C.O.D.

4. Restricted Delivery (Extra Fee) Yes No

5. Complete items 1-2 and 3. Also complete item 4 if Restricted Delivery is desired. Permit your return 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.

6. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
 B. Received by (Printed Name) _____
 C. Date of Delivery _____
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____
 No

102595-02-M-15-10

MS# 5510 MC Acct# 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RETURN TO SENDER: INSUFFICIENT ADDRESS



016140501046

\$00.399

02/02/2007

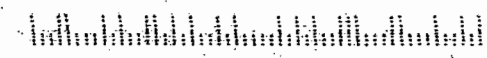
Mailed From: 32399

US POSTAGE

AIRS ID#1050284
ELMORE ENTERPRISE INC
5100 US 98 N *Dolls Laundry*
LAKELAND, FLORIDA 33809

COIN Laundry - NO PERC. ~~WASH~~
James Schmetzer
863/858-1905
32399/2400

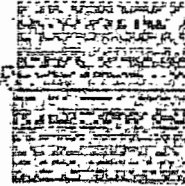
RECEIVED
MAR 2 2007
2600 Blair Stone Rd



MS# MS# 5510 MC # 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RETURN TO SENDER - INSUFFICIENT ADDRESS



016416501646

Harster

\$00.390

03/08/2007

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US POSTAGE

AIRS ID#1050284
ELMORE ENTERPRISE INC
5100 US 98 N
LAKELAND, FLORIDA 33809

RECEIVED
MAR 21 2007
MOBILE SOURCE

2nd Attempt
Corn Laundry - No Perc

33809-2400-2400-041

