

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 13, 2002

Ms. Marlene Wetherington  
Kellers Cleaners  
206 Northwest Badcock Boulevard  
Mulberry, Florida 33860

Re: Facility No.: 1050289-002

Dear Ms. Wetherington:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 9, 2002.


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,



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Bill Proses, Southwest District

"More Protection, Less Process"

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Fees 96-01

SOC 5

Comp

IN

Page 15

1. (a) New should be circled under Status for 1993 dry-to-dry machines.

Page 16

4. New machines at small area source Refrigerated condenser should be marked for 1993 dry-to-dry machines using under 140 gallons of perchloroethylene.
6. (a) Required for all sources. Should be marked.  
(c) Required for new small sources. Should be marked.

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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

OCT 09 2002

Part III. Notification of Intent to Use General Permit Bureau of Air Monitoring & Mobile Sources

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): <i>Marlene Wetherington</i>
2. Site Name (For example, plant name or number): <i>Kellers Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD982078040</i>
4. Facility Location: Street Address: <i>206 NW Badcock <del>Blvd</del> Blvd</i> City: <i>Mulberry</i> County: <i>Polk</i> Zip Code: <i>33860</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>1050289-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Marlene Wetherington</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>206 NW Badcock Blvd</i> City: <i>Mulberry</i> County: <i>Polk</i> Zip Code: <i>33860</i>
8. Responsible Official Telephone Number: Telephone: <i>(863) 425-1921</i> Fax: <i>(None)</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Rebecca Lowry</i>
10. Facility Contact Address: Street Address: <i>206 NW Badcock Blvd</i> City: <i>Mulberry</i> County: <i>Polk</i> Zip Code:
11. Facility Contact Telephone Number: Telephone: <i>(863) 425-1921</i> Fax: <i>(None)</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")
9/93	Existing/New	RC/CA/None required	same
_____	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.*

Marlene Wetherington  
Print name of responsible official

Marlene Wetherington  
Signature

10 - 7 - 02  
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.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 13, 2002

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Kellers Cleaners  
206 Northwest Badcock Boulevard  
Mulberry, Florida 33860

Re: Facility No.: 1050289-002

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Tallahassee, FL 32399-2400

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Sincerely,

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

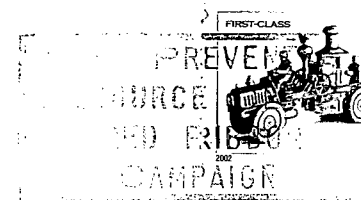
JK/jw

cc: Mr. Bill Proses, Southwest District

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Kellers Cleaners  
206 NW Badcock Blvd  
Mulberry FL 33860



State of Florida  
Dept of Env. Protection  
2600 Blair Stone Rd  
MS 5510  
Tallahassee, FL 32399-2400  
32399+2400 01



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423271 FEB20 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

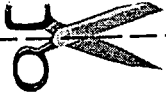
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#1050289
KELLERS CLEANERS MARLENE WETHERINGTON 205 NW BADCOCK BLVD MULBERRY FL 33860

**RECEIVED**  
FEB 26 2003  
Bureau of Air Quality Monitoring & Mobile Sources

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437641 MAR 17 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

ID# 1050289  
MARLENE WETHERINGTON  
KELLERS CLEANERS  
205 NW BADCOCK BLVD  
MULBERRY, FL 33860

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444729 JAN 19 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**

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AIRS ID# 1050289 10  
KELLERS CLEANERS  
206 NW Badcock Blvd  
MULBERRY, FL 33860

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

Bureau of Air Monitoring  
& Mobile Sources

JAN 20 2005

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457936 JAN112006

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1050289 10  
KELLERS CLEANERS  
206 NW Badcock Blvd  
MULBERRY, FL 33860

Bureau of Air Monitoring  
& Mobile Sources

JAN 13 2006

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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468053 JAN312007

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 1050289  
KELLERS CLEANERS  
206 NW Badcock Blvd  
MULBERRY, FLORIDA 33860

Bureau of Air Monitoring  
& Mobile Sources

FEB 01 2007

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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Kellen Cleaners  
206 NW Badcock Blvd  
Muckney Fl 33860

LAKELAND FL 338

29 JAN 2007 PM 2 T



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

323153070 8095



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Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

AIRS ID # 1050289

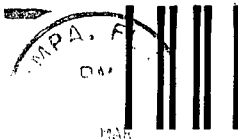
MARLENE WETHERINGTON  
 KELLERS CLEANERS  
 205 NW BADCOCK BLVD  
 MULBERRY, FL 33860

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9904

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>(Signature)</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">AIRS ID # 1050289</p> <p>MARLENE WETHERINGTON            KELLERS CLEANERS            205 NW BADCOCK BLVD            MULBERRY, FL 33860</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2 Article Number  <small>(Transfer from service label)</small></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 9904</p>	

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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION  
Air Resources  
Mobile Sources

MAR 9 2004

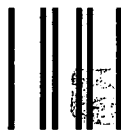
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	ID# 1050289
Sent To	MARLENE WETHERINGTON
Street, Ap or PO Box	KELLERS CLEANERS
City, State	205 NW BADCOCK BLVD
	MULBERRY, FL 33860
PS Form 3800, January 2001	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Lowmy</i> C. Date of Delivery <i>2-6-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em;">206</p>
<p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 1050289 MARLENE WETHERINGTON KELLERS CLEANERS 205 NW BADCOCK BLVD MULBERRY, FL 33860</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2 Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7001 1140 0001 7556 3999</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bur. of Air Monitoring  
& Mobile Sources

FEB 9 2004

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total P:</b>		AIRS ID#1050289

*[Signature]*  
Postmark Here

<i>Sent To</i>	KELLERS CLEANERS
	MARLENE WETHERINGTON
<i>Street, Apt or PO Box</i>	205 NW BADCOCK BLVD
<i>City, State</i>	MULBERRY FL 33860

PS Form 3800, January 2001

7001 0320 0001 7975 7308

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1 Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">AIRS ID#1050289</p> <p>KELLERS CLEANERS  MARLENE WETHERINGTON  205 NW BADCOCK BLVD  MULBERRY FL  33860</p> <p>2 Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Lowry</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by <i>(Printed Name)</i>  <i>R. Lowry</i> <span style="float: right;">C. Date of Delivery  2-7-03</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span>  <input type="checkbox"/> Registered <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7975 7308</p>	

UNITED STATES POSTAL SERVICE



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• 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

FEB 10 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469465 FEB 20 2007

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

AIRS ID# 1050287  
PETERSON'S INC  
840 N Broadway  
BARTOW, FLORIDA 33830



Bureau of  
Mobile Sources

FEB 22 2007

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

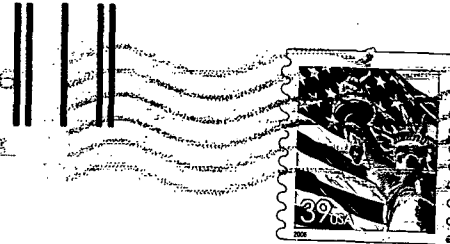
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ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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840 NORTH BROADWAY AVE.  
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17 FEB 07 PM 8 L



TITLE V - General Permit  
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323153070 8099

