



Department of Environmental Protection

+50
1050290

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 20, 1997

Touch of Class Dry Cleaners
3612 Hardon Boulevard
Lakeland, Florida 33803

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

HE\sb

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

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

COMMENTS:

*Correct
Address*

*Owen D. Fender
3612 Harden Blvd
Lakeland FL.
33803*

FROM: _____ DATE: _____ PHONE: _____

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Touch of Class Dry Cleaners		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	3212 HARDON BLVD		
Street Address:			
City:	LAKE LAND	County:	POIK
		Zip Code:	33803
5. Facility Identification Number (DEP Use):	1050290		

Responsible Official

6. Name and Title of Responsible Official:	Owen D. Fendon, owner		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(941) 644-3800	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:	() -

RECEIVED

SEP 5 1996

Bureau of Air Monitoring
& Mobile Sources

#1050290

Touch of Class Dry Cleaners

p.13 4 & 7. correct address -
see note

p.15 5. Choose one
5.(c) not required, mark out
"x" and initial

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		08-DEC-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

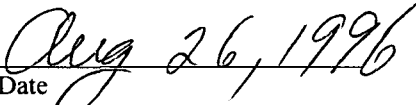
No air permits currently exist for the operation of the facility indicated in this notification form.

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.


Signature


Date

Date: 29/05/1997 1:32:39 PM
From: Margaret Cangro TPA
Subject: Dry cleaner
To: Marnie Brynes TAL

Hey Marnie.

I have a dc that has changed ownership. Will that mean a change of ID#? I had them fill out a notification form, and they'll be mailing it in as soon as the RO signs it.

The business is: A Touch of Class Dry Cleaners
3612 Harden Blvd.
Lakeland, FL 33803
The name will remain the same. (Old ID #1050290)

Thanks,
Maggie

A handwritten signature in black ink that reads "Done". To the left of the signature is a large checkmark.

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

1559 2436 0200 0250 0002

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

Postmark
Here

Recipient

Receipt 10 AIRS ID # 1050290001AG
 OWEN D FENDER
 Street, A TOUCH OF CLASS DRY CLEANERS
 3612 HARDON BLVD
 City, State LAKELAND FL 33803

PS Form 3811, July 1999 See Reverse for Instructions

FOLD AT DOTTED LINE
 TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS

- 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:

10 AIRS ID # 1050290001AG
 OWEN D FENDER
 TOUCH OF CLASS DRY CLEANERS
 3612 HARDON BLVD
 LAKELAND FL 33803

00520002093126557

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery

S. Morby 8/17/01

C. Signature

X *S. Morby*

Agent
 Addressee

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

270316

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

RECEIVED
MAIL ROOM
MAY - 7 97

Do NOT Remove Label

1050290

TOUCH OF CLASS DRY CLEANERS
3612 HARDON BOULEVARD
LAKELAND FLORIDA 33803
HARDON

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

3755

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

CERTIFIED

P 265 302 296

MAIL

550304
MS5510

UNK/MSA

AIRS ID#: 1050290

OWEN D FENDER
OWEN D FENDER
3212 HARDON BLVD
LAKELAND FL 33803

TALLAHASSEE
FL
FEB 17 1967
U.S. POSTAGE
7 57

RETURN TO SENDER

REASON CHECKED

Unobtainable address unknown Return

Insufficient Address

No such street number

No such office in state

Do not remain in this condition

NAME _____
1st Notice _____
2nd Notice _____
Return _____

*Change to:
3612 Narden Blvd*

33803/9993

For filling out, place this form in the envelope to be returned to the sender.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#: 1050290</p> <p>OWEN D FENDER OWEN D FENDER 3212 HARDON BLVD LAKELAND FL 33803</p>	<p>4a. Article Number P265302296</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p style="text-align: center;">X</p>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 265 302 296

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 1050290

OWEN D FENDER
OWEN D FENDER
3212 HARDON BLVD
LAKELAND FL 33803

S Form 3800 April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/17/97