

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 23, 2002

Mr. Richard W. Freeman  
Cameo Cleaners  
2810 Lakeland-Highland Road  
Lakeland, Florida 33803

Re: Facility No.: 1050306-002

Dear Mr. Freeman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 22, 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* Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Bill Proses, Southwest District

Fees Paid 97-01  
SOC 4  
Compliance IN



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 26, 2003

Mr. Richard W. Freeman  
1844 Tristram Road  
Lakeland, Florida 33803

Dear Mr. Freeman:

Thank you for your note notifying the department of the closing of Cameo Cleaners (AIRS ID #1050306). The department received your note on March 24. The facility status has been changed to *inactive* in the database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that Cameo Cleaners operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please call me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/

cc: Bill Proses, Southwest District

1050306-002

Page 16

6 (e) Required for all sources. Should be marked

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  
APR 22 2000  
Bureau of Air, Water  
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	AIR#	
CAMEO CLEANERS, INC.	1050306	
2. Site Name (For example, plant name or number):		
SAME		
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: 2810 LAKELAND-HIGHLAND Rd		
Street Address:		
City: LAKELAND	County: POLK	Zip Code: 33803
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
	1050306-002	

Responsible Official

6. Name and Title of Responsible Official:		
Name: RICHARD W. FREEMAN	Title: OWNER	
7. Responsible Official Mailing Address: CAMEO CLEANERS		
Organization/Firm:		
Street Address: 2810 LAKELAND-HIGHLAND Rd.		
City: LAKELAND	County: POLK	Zip Code: 33803
8. Responsible Official Telephone Number:		
Telephone: (863) 665-3373	Fax: ( ) NONE	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):		
RICHARD W. FREEMAN	OWNER	
10. Facility Contact Address: SAME AS #4 AND #7		
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: 863 665-3373	Fax: ( ) NONE	



**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>Nov. 1992</u>	Existing/ <u>New</u>	<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? N/A

How many dryers/reclaimers do you have on-site? N/A

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?**

65 gallons (You must fill this in)

(b) If less than 12 months, how many? N/A 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".)

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

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) Electric

#### 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.*

RICHARD W. FREEMAN  
Print name of responsible official

Richard W. Freeman  
Signature

APRIL 18, 2002  
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

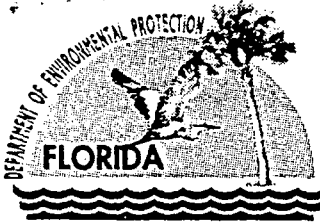
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, 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.



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

*CAMEO CLEANERS  
CLOSED 8/13/02 and  
IS OUT OF  
BUSINESS  
Richard W. Freeman*



(cut here)

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**

Do NOT Remove Label

CAMEO CLEANERS  
RICHARD W FREEMAN  
1844 TRISTRAM ROAD  
LAKELAND FL  
33803

AIRS ID#1050306

Bureau of Air Monitoring  
& Mobile Sources  
MAR 24 2002

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



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

March 1, 2003

## FINAL NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year 2002 you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

*3rd written notice*

The annual operation fee for your facility is **\$50** for calendar year 2002. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2003** may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

*3/12/03*  
**CAMEO CLEANERS**  
**CLOSED 8/13/02**  
**AND IS**  
**OUT OF**

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

*BUSINESS*  
*Melinda H. Greene*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428726 APR23 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: \$75.00

*FINAL PAYMENT  
CAMEO CLEANERS CLOSED  
ITS DOORS 8/13/2002*

Do NOT Remove Label

AIRS ID#1050306
CAMEO CLEANERS RICHARD W FREEMAN 1844 TRISTRAM ROAD LAKELAND FL 33803

Printed on recycled paper.

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

Buyer's Name: Air Monitoring  
Source

APR 29 2003

RECEIVED

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

7001 0320 0001 7975 7223

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
AIRS ID#1050306		
St	CAMEO CLEANERS	
St	RICHARD W FREEMAN	
or	2810 LAKELAND HIGHLANDS ROAD	
Ci	LAKELAND FL	
	33803	
PS		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:

CAMEO CLEANERS  
RICHARD W FREEMAN  
2810 LAKELAND HIGHLANDS ROAD  
LAKELAND FL  
33803

AIRS ID#1050306

2. Article Number  
*(Transfer from service label)*

7001 0320 0001 7975 7223

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Paula Freeman*  Agent  
 Addressee

B. Received by (Printed Name) *Paula Freeman* C. Date of Delivery *2-8-03*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

*1844 TRISTRAM  
LAKELAND, FL 33813*

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

4. Restricted Delivery? (Extra Fee)  Yes

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES  
U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION  
P.O. BOX 2400  
1000 BRADLEIGH ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

RECEIVED

3399/2400



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

**OFFICIAL USE**

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

Postmark Here

AIRS ID#1050306

CAMEO CLEANERS  
 RICHARD W FREEMAN  
 1844 TRISTRAM ROAD  
 LAKELAND FL  
 33803

7001 0320 0001 7975 4406

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#1050306

CAMEO CLEANERS  
 RICHARD W FREEMAN  
 1844 TRISTRAM ROAD  
 LAKELAND FL  
 33803

2. Article Number  
*(Transfer from service label)*

7001 0320 0001 7975 4406

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

R.W. FREEMAN 3-11-03

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

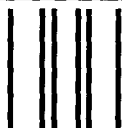
3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (*Extra Fee*)  Yes



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

Bureau of Air Monitoring  
& Mobile Sources

MAR 17 2003

RECEIVED

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

OFFICIAL USE

7000 1670 0013 3108 8841

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

02  
3rd  
Postmark  
Here  
*[Signature]*

Total Pos AIRS ID#1050306

Sent To CAMEO CLEANERS  
 RICHARD W FREEMAN  
 Street, Apt. 1844 TRISTRAM ROAD  
 LAKELAND FL  
 City, State. 33803

PS Form 3800, May 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

- 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#1050306

CAMEO CLEANERS  
 RICHARD W FREEMAN  
 1844 TRISTRAM ROAD  
 LAKELAND FL  
 33803

2. Article Number  
 (Transfer from service label)

70001670001331088841

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *R.W. FREEMAN*  
 C. Date of Delivery 4-70-03

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

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 SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 6810  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air  
& Mobile Sources  
Monitoring

APR 17 2003

RECEIVED