

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

October 10, 2001

Mr. Robert Gordon  
Look of Class Cleaners  
129 North Fifth Street  
Ft. Pierce, Florida 34950

Re: Facility No.: 1110082-002

Dear Mr. Gordon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 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. Bruce Offord, Southeast District

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00

SOC 3

Compliance MNC

1110082-002

Page 15

1(a) RC should be circled under Control  
Device Required for 1995 machines.

Page 16

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

Page 17

Responsible official sign and date for  
changes made.

RECEIVED  
SEP - 6 2001  
Bureau of Air Monitoring  
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BOB GORDON DOA
LOOK of CLASS Cleaners	
2. Site Name (For example, plant name or number):	LOOK of CLASS Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 129 N. 5th STREET	
City: Ft. Pierce FL 34950	County: USA Zip Code: 34950
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1110082-002

Responsible Official

6. Name and Title of Responsible Official:	
Name: Robert Gordon	Title: OWNER
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 129 N. 5th STREET	
City: Ft. Pierce FL	County: Zip Code: 34950
8. Responsible Official Telephone Number:	
Telephone: (561) 964-7913	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")
1995	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input checked="" type="radio"/>	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".)

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) \_\_\_\_\_

#### 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:

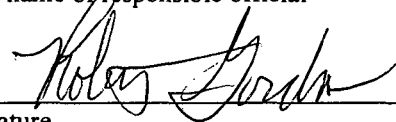
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Robert Gordon  
Print name of responsible official

  
Signature

8-15-01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412230 DEC24 2001

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

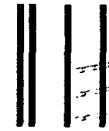
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 1110082  
 LOOK OF CLASS CLEANERS  
 ROBERT GORDON  
 129 N 5TH ST  
 FT PIERCE FL  
 34950

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

**Bob Gordon**  
 2485 SE Alden St.  
 Port Saint Luc, FL 34984



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







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

AIRS ID#1110082
LOOK OF CLASS CLEANERS ROBERT GORDON 129 N 5TH ST FT PIERCE FL 34950

Bureau of & Mobile Sources

DEC 18 2002

420726 DEC 16 2002

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434316 DEC15 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

1110082 ROBERT GORDON LOOK OF CLASS CLEANERS 129 N 5TH ST FT PIERCE FL 34950
--

Bureau of Air & Mobile Source

DEC 17 2003

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

458979 FEB 16 2006

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# 1110082    10 LOOK OF CLASS CLEANERS 129 N 5th St FT PIERCE, FL 34950
---

Bureau of Air & Mobile Source

FEB 20 2006

RECEIVED

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

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

**OFFICIAL USE**

7001 1140 0001 7556 3951

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

Postmark  
 FEB

Total ID# 1110083

**Sent** RUBEN ALMODOVAR  
 BOULEVARD CLEANERS  
 Street, 346 PORT SAINT LUCIE BOULEVARD  
 or PO  
 City, St. PORT ST LUCIE, FL 34984

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:

ID# 1110083  
 RUBEN ALMODOVAR  
 BOULEVARD CLEANERS  
 346 PORT SAINT LUCIE BOULEVARD  
 PORT ST LUCIE, FL 34984

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 3951

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

TORI BILLS

C. Date of Delivery

2-6-04

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

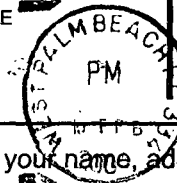
3. Service Type

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

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
FEB 16 2004



<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
OFFICIAL USE											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted-Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted-Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted-Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	\$										
Sent To Street, Apt. N or PO Box No. City, State, Zi	AIRS ID# 1110082 1stC <b>LOOK OF CLASS CLEANERS</b> 129 N 5th St FT PIERCE, FL 34950										
PS Form 3811, August 2001											

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>	<table border="1"> <tr> <td colspan="2">A. Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input checked="" type="checkbox"/> <i>Shirley Robert</i> </td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> Agent</td> <td style="text-align: right;"><input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> <tr> <td style="text-align: center;"><i>Shirley Robert</i></td> <td style="text-align: center;"><i>2/7/05</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature		<input checked="" type="checkbox"/> <i>Shirley Robert</i>		<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery	<i>Shirley Robert</i>	<i>2/7/05</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
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<i>Shirley Robert</i>	<i>2/7/05</i>														
D. Is delivery address different from item 1? <input type="checkbox"/> Yes															
If YES, enter delivery address below: <input type="checkbox"/> No															
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           AIRS ID# 1110082 1stC            LOOK OF CLASS CLEANERS            129 N 5th St            FT PIERCE, FL 34950         </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.														
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes														
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             7004 2510 0002 3938 6709           </div>															

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 0510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 16 2005  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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OFFICIAL USE

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

Sent To: AIRS ID#1.11008e+006.....2<sup>nd</sup> Cert 05  
 LOOK OF CLASS CLEANERS

Street, Apt. No., or PO Box No. 129 N 5th St  
 City, State, ZIP+ FT PIERCE, FL 34950

1110082-002

PS Form 3800

7004 2510 0002 3939 4889

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 checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Shirley Roberts</i></p> <p>B. Received by (Printed Name) <i>Shirley Roberts</i></p> <p>C. Date of Delivery <i>3/5/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:  <span style="font-size: 1.5em; font-weight: bold;">1110082</span></p> <p>AIRS ID#1.11008e+006.....2<sup>nd</sup> Cert 05          LOOK OF CLASS CLEANERS          129 N 5th St          FT PIERCE, FL 34950</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="font-size: 1.2em;">7004 2510 0002-3939-4889</span>  <i>(Transfer from ser)</i></p>	

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

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

Mobile Source  
Air Monitor

MAR 15 2005

RECEIVED