



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 5, 2009

Mrs. Erika Albrecht
Main Street Cleaners
1679 Main Street
Sarasota, Florida 34236

Re: Facility No.: 1150081-003

Dear Ms. Albrecht:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 24, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

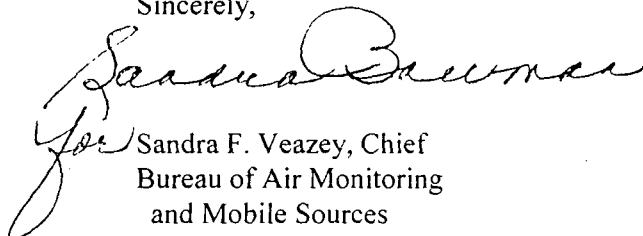
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

BEST AVAILABLE COPY

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES
SOC REPORTS
COMP. STATUS - SNC MNC IN

RECEIVED

NOV 24 2008

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):	Ux Innovations, Inc
2. Site Name (For example, plant name or number):	Main Street Cleaners
3. Hazardous Waste Generator Identification Number:	1150081
4. Facility Location: Street Address: 1679 Main Street City: Sarasota County: Sarasota Zip Code: 34236	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1150081-003

Responsible Official

6. Name and Title of Responsible Official: Name: Erika Albrecht Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2691 Dick Wilson Drive City: Sarasota County: Sarasota Zip Code: 34240
8. Responsible Official Telephone Number: Work (941) 3654700 Telephone: (941) 377-9306 H Fax: (941) 378-5666

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? [2]

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")
2/21/2005	Existing/New	RC/CA/None required	SAME
2/21/2005	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____

1:50 pm
12/5/08 -
INFO PROVIDED
PER ERIKA
ALBRECHT,
OWNER/RO
ad. ll.

*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?

[30] 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 _____)

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 1150081-002-AG.
- 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.

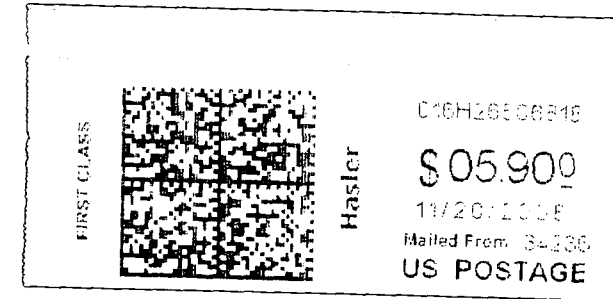
I will promptly notify the Department of any changes to the information contained in this notification.

Erika Albrecht
Print name of responsible official

[Signature]
Signature

8/11/08
Date

Sarasota County Air Quality/
Storage Tank Management
1301 Cattlemen Road, Bldg. E
Sarasota, FL 34232



Dickson E. Dibble, ES III
FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Wise, Jane

From: Wise, Jane
Sent: Tuesday, December 09, 2008 3:23 PM
To: 'jhickey@scgov.net'; 'SCAMERON@scgov.net'
Cc: Veazey, Sandra; Bowman, Sandy
Subject: Recently Received AG Registrations
Attachments: 1150081-003.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us

12/9/2008