

Department of Environmental Protection

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

David B. Struhs Secretary

October 29, 2001

Mr. David Bruce Pointe Cleaners 2881 Clark Road, Suite 23 Sarasota, Florida 34231

Re: Facility No.: 1150087-002

Dear Mr. Bruce:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 27, 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. Jose' Zornitta, Sarasota County

Feesfaid 96-00 506 3 Compleonce IN 1150087-002 page 15

1.(a) Existing should be circled under Status. None Required should be eircled under Control Device Required.

Morbout "Same" under Date Control Device Installed. Not required for existing small sources.

page 17 Responsible official sign and date for changes made.

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.

1.	Facility Owner/Com	pany Name (N	lame of corporati	on, agency, or	individu	ial owner):	·
	Velo nou	UTe.	TUC				
2.	VEW POLI Site Name (For exar	nple, plant nam	ne or number):			 -	
	POINTE						
3.	Mazardous Waste Go						
-· /#		2:00	(1)				
1	Facility Location:	21 4 /	2,5				
7.	Street Address: 2	881 CL1	gric Rd	#23			
	City: SArA2	SOTA	County: 5	AYASO	TA	Zip Code:	34231
5.	Facility Identification	n Number (DE	P Use ONLY - de	not fill in):			
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				<u> / / /</u>	<u> 1 </u>		<u> </u>
	ponsible Official						
	Name and Title of R			Tial ca	Λ	> مريز	
Man	ne: DAVId	Bruce	ea.	i itie:	P	res	
7.	Responsible Official	Mailing Addre	ess:				
	Organization/Firm: Street Address:	POINTO	CLCAN	ロンジ サフラ			
	City:		County:			Zip Code:	
	SAVA50 Responsible Official	TA	SAI	ASOTA	?	r	34231
8.					···	`~	(100
	Telephone: 941	1924-3	751	rax:	741	1422-	5687
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7.6	30						
` @_	P Form No. 62-213.9	00(2)		14			
; DEI							

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 Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") **BOS Dec** 91 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? [135] gallons (You must fill this in) (b) If less than 12 months, how many? [] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [] New machine []

Unopened store [] (date of expected opening

Check why it is less than 12 months: New owner: [___] Did not keep records: [____]

3. What is the facility's source classification based on Indicate with an "X". Select one classification on	
Small Area Source X	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site ((used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines portion (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
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 ur Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (s	
All steam and hot water generating units exempt [No such units on-site [OR OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	<u>20</u> 1
What type of fuel do you use? [] propane [] No. 2 fuel of the local states o	
6. Equipment Monitoring and Recordkeeping Informa	ation
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 ad	Idition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	toring []
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I have been been information and belief formed after reasonable inquiry, that the test made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. In the Department of any changes to the information contained in this notification. If the Department of any changes to the information contained in this notification. If the Department of any changes to the information contained in this notification.

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Courtesy Cleaners 5306 Cortez Road W. Suite 5

16 MAR 2007 PM 2



Bradenton, FL 34210

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TLE: AIRS TO \$150087-002

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

TOTALS FOR CHECK

DATE - 3/15/07

Talladdalla allaladdallada dhada dhadalad

061221 FLORIDA DEPT. ENVIRONMENTAL PROTECT

250.00

ESY CLEANER	S, L.L.C. / D/B/A VALUE CLEANERS			
RENCE NO.	DATE/DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
DE FEE	FLORIDA DEPT. ENVIRONMENT	75.00		75.00
77 FEE	FLORIDA DEPT. ENVIRONMENT	(50.00)	REFUNDED	50.00
DE FEE	FLORIDA DEPT. ENVIRONMENT	75.00		75.00
)7 FEE	FLORIDA DEPT. ENVIRONMENT	50.00	REFUNDED	80.00
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250.00



412043 DEC212001

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 # 1150087

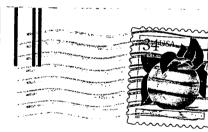
POINTE CLEANERS DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



10 40 V



NOTFOR
Division of Retirement
2639 N. Monroe Bidg "C"
Tallahasses, FL 32369-1560

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 NOT FOR
Division of Retirement
2639 N. Monroe Bidg *C*
Talkehassee, FL 32369-1560



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

POINTE CLEANERS DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231

AIRS ID#1150087

FOR GOVERNMENT USE ONLY Org.: 915501011901 EO: A1 Fund: 20-2-935001

Obj.: 002273



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

434954 JAN 52004

Do NOT Remove Label

1150087 DAVID BRUCE POINTE CLEANERS 2381 CLARK RD #23 SARASOTA FL 34231

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

444194 JAN 72905

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

TOTAL AMOUNT DUE: \$50.00 10

Do NOT Remove Label

AIRS ID# 1150087 POINTE CLEANERS 2881 Clark Road #23 SARASOTA, FL 34239

Printed on recycled paper.

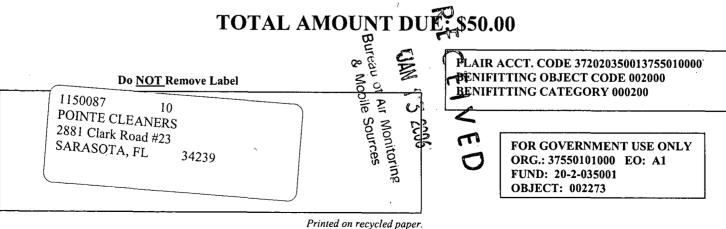
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FUND: 20-2-035001 **OBJECT: 002273**

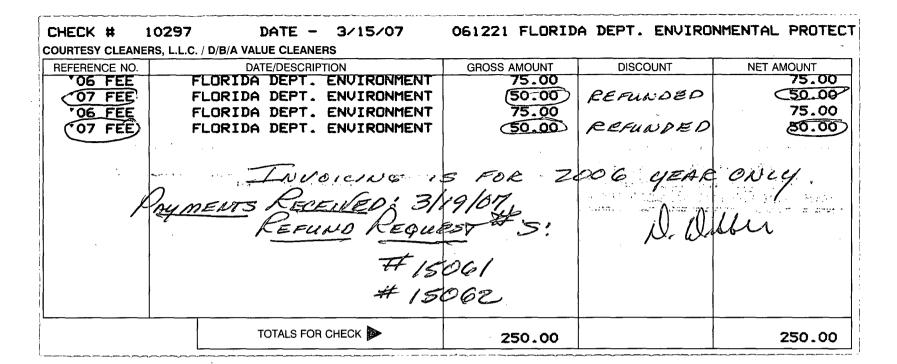
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 471201 MAK 19,2004 TOTAL AMOUNT DUE: \$75.00 FLAIR ACCT. CODE 372020350013755010000 NOT Remove Label **BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200** AIRS ID#1150087 NEW POINTE INC FOR GOVERNMENT USE ONLY 2881 Clark Road #23 ORG.: 37550101000 EO: A1 SARASOTA, FLORIDA 34239 FUND: 20-2-035001 **OBJECT: 002273** MICHAEL GALYEAN THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 471201 MAR192997 TOTAL AMOUNT DUE: \$50.00 FLAIR ACCT. CODE 372020350013755010000 Do NOT Remove Label **BENIFITTING OBJECT CODE 002000** BENIFITTING CATEGORY 000200 AIRS ID#1150087 **NEW POINTE INC** FOR GOVERNMENT USE ONLY 2881 Clark Road #23 ORG.: 37550101000 EO: A1 SARASOTA, FLORIDA 34239 FUND: 20-2-035001 **OBJECT: 002273** Printed on recycled paper.



Courtesy Cleaners 5306 Cortez Road W. Suite 5 Bradenton, FL 34210

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MANASOTA FL 342

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