

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 28, 2003

Mr. Daryl Lynette
Global Dry Cleaners
1155 West State Road 434, Suite 155
Longwood, Florida 32750

Re: Facility No.: 1170378-002

Dear Mr. Lynette:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 24, 2003.

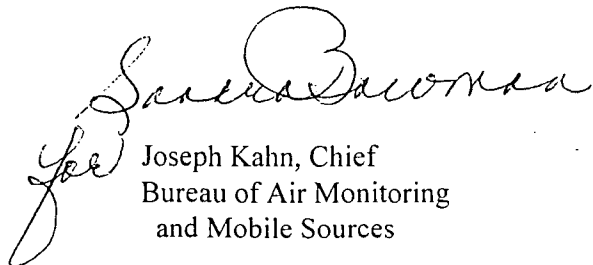
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

New Owner

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 24 2003
Bureau of Air Monitoring
& Mobile Sources

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): GLOBAL INVESTMENT NETWORK
2. Site Name (For example, plant name or number): GLOBAL DRY CLEANERS
3. Hazardous Waste Generator Identification Number: FLR 000008821
4. Facility Location: Street Address: 1155 W. SR. 434, STE. #155 City: LONGWOOD County: SEMINOLE Zip Code: 32750
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1170378-002

Responsible Official

6. Name and Title of Responsible Official: Name: DARYL LYNETTE Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: GLOBAL DRY CLEANERS Street Address: 1155 W. SR 434, STE. 155 City: LONGWOOD County: SEMINOLE Zip Code: 32750
8. Responsible Official Telephone Number: Telephone: (407) 831-1606 Fax: (407) 831-1406

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JOANN BEATTY, MGR
10. Facility Contact Address: SAME Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - SAME 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")
1995 APPROX 12-15-01 NEW OWNER	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
1995 APPROX 12-15-01 NEW OWNER	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	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?

760 gallons (You must fill this in) ACTUAL AMOUNT PURCHASED 2002

(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 _____
- ? 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.

DARYL LYNETTE

Print name of responsible official


Signature

2-18-03
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.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Page 15

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

Page 16

4. New machines at large area source Refrigerated condenser should be marked for 1995 machines.

7003 2260 0003 5651 11310

U.S. Postal Service™	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here <i>03</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
ID# 1170378	
To: DARYL LYNETTE	
Sent GLOBAL DRY CLEANERS	
1155 W SR 434	
Street or PO BOX LONGWOOD, FL 32750	
City, State, ZIP+4	
PS Form 3800, June 2002 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# 1170378
DARYL LYNETTE
GLOBAL DRY CLEANERS
1155 W SR 434
LONGWOOD, FL 32750

2. Article

7003 2260 0003 5651 11310

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
Berta M. Lawrence
- B. Received by (Printed Name) C. Date of Delivery
Berta M. Lawrence 2/7/04
- D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

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



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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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436771 FEB23 2004

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

ID# 1170378
DARYL LYNETTE
GLOBAL DRY CLEANERS
1155 W SR 434
LONGWOOD, FL 32750

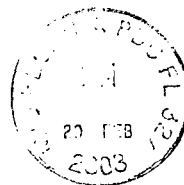
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

FEB 27 2004

RECEIVED

Global Dry Cleaners
1155 W. SR. 434
Suite # 155
Longwood, FL 32750



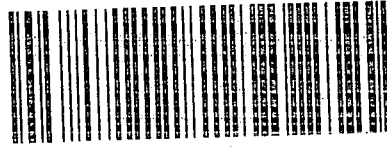
General Permits Section
Bureau of Air Monitoring & Mobile Sources MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399-2400

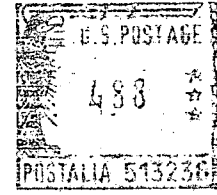
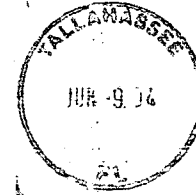


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL™



7003 0500 0004 0144 5630



RECEIVED
JUN 17 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID # 1170378001AG 10
GLOBAL DRY CLEANERS

GLOBAL DRY CLEANERS
GLOBAL DRY CLEANERS

RETURN TO SENDER
GLOBAL DRY CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



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 # 1170378001AG 10
 GLOBAL DRY CLEANERS
 1155 West SR 434
 LONGWOOD, 32750

2: Article Number
 (Tra) 7003 0500 0004 0144 5630

PS Form 381-1, August 2001 Domestic Return Receipt 7102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A: Signature
 X Agent
 Addressee

B: Received by (Printed Name) C: Date of Delivery

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

7003 0500 0004 0144 5630

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Restricted Delivery Fee (Endorsement Required)	

Total Pk: AIRS ID # 1170378001AG 10

Sent To: GLOBAL DRY CLEANERS
 1155 West SR 434
 LONGWOOD, 32750

Street, Apt or PO Bo.
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

Handwritten signature and initials
 Postmark here