

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 29, 2002

Mr. Sean Nichols
Fifth Avenue Cleaners of
Seminole County, Inc.
801 West State Road 436, Suite 1001
Altamonte Springs, Florida 32714

Re: Facility No.: 1170391-001

Dear Mr. Nichols:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 26, 2002.

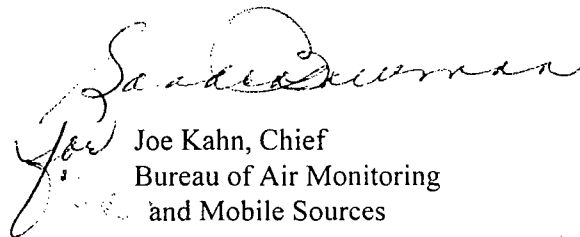
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

SEP 26 2002

Part III. Notification of Intent to Use General Permit & Mobile Sources
Bureau of Air Monitoring

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

TBD06500

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Fifth Ave. Cleaners of Seminole County Inc.
2. Site Name (For example, plant name or number): Same as Above
3. Hazardous Waste Generator Identification Number: FLR00089631
4. Facility Location: 801 W. ST. RD. 436 Suite 1001 Street Address: City: Altamonte Springs County: Seminole Zip Code: 32714
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1170391-001

Responsible Official

6. Name and Title of Responsible Official: Name: Sean Nichols Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: 801 W. ST. RD. 436 Suite 1001 Street Address: City: Altamonte Springs County: Seminole Zip Code: 32714
8. Responsible Official Telephone Number: Telephone: (407) 788-0003 Fax: (407) 788-2428

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Sean Nichols Owner/Manager
10. Facility Contact Address: Same as above Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Same as above Telephone: () - Fax: () -

AIRS_ID	OWNER	FIRST NAME	LAST NAME	ADDRESS	CITY	ZIP4	Comment
0970062	0970062 FORMOSA GARDEN CLEANER	PAU	PHU	7887 SAINT GILES PLACE	ORLANDO	32835	Does not exist
1170073	RED BUG CLEANERS	JOONG	KIM	5275 RED BUG LAKE ROAD #101	WINTER SPRINGS	32708	Spoke to owner - same RO
1170359	CARRIAGE CLEANERS	PATRICK	SEBASTIAN	967 W HWY 434	LONGWOOD	32750	Facility was sold
1170361	PROFESSIONAL DRY CLEANING	DAVID	CHAN	700 W SR 434	LONGWOOD	32750	Drop store
1170391	FIFTH AVENUE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold
1270111	TOMOKA PLAZA COIN-O-MATIC	NICHOLAS	BISSELL	715 S NOVA ROAD	ORMOND BEACH	32174	Facility was sold
1270145	MONARCH DRY CLEANERS	EDWIN	CANDELARIA	1382 HOWLAND BLVD	DELTONA	32738	Facility was sold

Inacc

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

SEP 26 2002

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

TB006500

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Fifth Ave. Cleaners of Seminole County Inc.</i>
2. Site Name (For example, plant name or number): <i>Same as Above</i>
3. Hazardous Waste Generator Identification Number: <i>FLR00089631</i>
4. Facility Location: <i>801 W. ST. RD. 436 Suite 1001</i> Street Address: City: <i>Altamonte Springs</i> County: <i>Seminole</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1170391-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Sean Nichols</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>801 W. ST. RD. 436 Suite 1001</i> Street Address: City: <i>Altamonte Springs</i> County: <i>Seminole</i> Zip Code: <i>32714</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 788-0003</i> Fax: <i>(407) 788 788-2428</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Sean Nichols Owner/Manager</i>
10. Facility Contact Address: <i>Same as above</i> Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: <i>Same as above</i> 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")
9/15/96	Existing <input checked="" type="radio"/> New	RC/CA/None required	Same
9/15/96	Existing <input checked="" type="radio"/> New	RC/CA/None required	Same
	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[666] 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |

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:

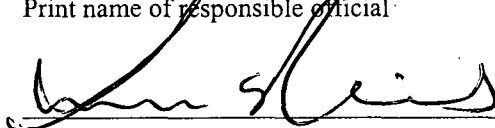
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Sean Nichols
Print name of responsible official


Signature

9/22/02
Date

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

7001 0320 0001 7975 5762

OFFICIAL USE

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

AIRS ID#1170391

Sent To	FIFTH AVENUE CLEANERS
Street, or PO	SEAN NICHOLS 801 W STATE ROAD 436 STE 1001
City, S	ALTAMONTE SPRINGS FL 32714

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#1170391
 FIFTH AVENUE CLEANERS
 SEAN NICHOLS
 801 W STATE ROAD 436 STE 1001
 ALTAMONTE SPRINGS FL
 32714

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2-7-03

C. Signature

[Handwritten Signature]

- Agent
 Addressee

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

2. Article Number

(Transfer from service label)

17001110320 0001179751576211 1111

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

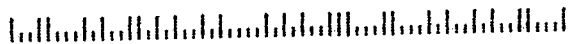
• Sender: Please print your name, address, and ZIP+4 in this box. •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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7003 0500 0004 0144 4886

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OFFICIAL USE

Postage	\$	203 W W
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

TRACK ID # 1170391

Sent To **FIFTH AVENUE CLEANERS**
SEAN NICHOLS
Street, Apt. No. or PO Box No. **801 W STATE ROAD 436 STE 1001**
City, State, Zip **ALTAMONTE SPRINGS, FL 32714**

PS Form 3800

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:

TRACK ID # 1170391
FIFTH AVENUE CLEANERS
SEAN NICHOLS
801 W STATE ROAD 436 STE 1001
ALTAMONTE SPRINGS, FL 32714

#1170391

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 4886

COMPLETE THIS SECTION ON DELIVERY

A. Signature
K. Cooper 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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

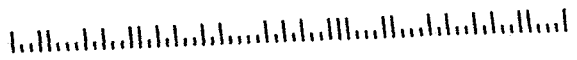
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 9 2000

RECEIVED

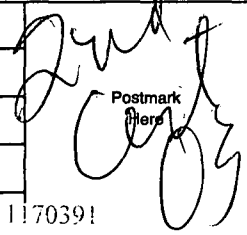


7003 0500 0004 0144 9706

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 1170391	
SEAN NICHOLS FIFTH AVENUE CLEANERS 801 W STATE ROAD 436, STE 1001 ALTAMONTE SPRINGS, FL 32714	
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.
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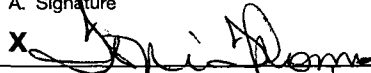
AIRS ID # 1170391

SEAN NICHOLS
 FIFTH AVENUE CLEANERS
 801 W STATE ROAD 436, STE 1001
 ALTAMONTE SPRINGS, FL 32714

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9706

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
  Addressee

B. Received by (*Printed Name*) C. Date of Delivery
 _____ 3-8-04

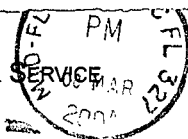
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 •

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

Division of Monitoring
& Assessment Services

MAR 10 2004

RECEIVED



7003 2260 0003 5651 1328

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

158
CO
03
Postmark Here

Total P. ID# 1170391
SEAN NICHOLS

Sent To FIFTH AVENUE CLEANERS

Street, A, 801 W STATE ROAD 436 STE 1001
or PO Bo ALTAMONTE SPRINGS, FL 32714
City, State

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 1170391
SEAN NICHOLS
FIFTH AVENUE CLEANERS
801 W STATE ROAD 436 STE 1001
ALTAMONTE SPRINGS, FL 32714

2. Article Number
7003 2260 0003 5651 1328

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Shavira Maffett Addressee

B. Received by (Printed Name) Agent
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

FEB 9 2004
Bureau of Air Monitoring
& Mobile Sources





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

422713 FEB10 2003

Do NOT Remove Label

AIRS ID#1170391
FIFTH AVENUE CLEANERS
SEAN NICHOLS
801 W STATE ROAD 436 STE 1001
ALTAMONTE SPRINGS FL
32714

Air Quality Monitoring
& Mobile Sources

RECEIVED
FEB 14 2003

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 2002-035001
Obj.: 002273

5th AVENUE CLEANERS
801 W. Hwy. 436, Suite 1001
Altamonte Springs, FL 32714



General Permits Section
Bureau of Air Monitoring and Mobile Sources
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

