

Department of Environmental Protection

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

David B. Struhs Secretary .

July 31 2001

Ms. Evelyn Sloane International Coin Laundry 129 Coral Circle South Daytona, Florida 32119

Re: Facility No.: 1270115-002

Dear Ms. Sloane:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Grant, Patricia

From: Thomas, Bruce X.

Sent: Monday, July 12, 2004 3:17 PM

To: Mulligan, Tom

Cc: Bowman, Sandy; Grant, Patricia

Tom,

We received a letter from International Coin Laundry (AIRs ID #1270115) informing us that the facility was sold 6/30/04. The facility status has been changed to inactive. Bruce

Bruce Thomas, P.E. Division of Air Resource Management (850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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. 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):
Evelyn Sloane
2. Site Name (For example, plant name or number):
International Coin LAUNdry
3. Hazardous Waste Generator Identification Number:
#FLD984223651
4. Facility Location: Street Address: 2004 South Ridgewood Ave. City: S. Daytona County: Volusia Zip Code: 32119
City: S. Daytona County: Volusia Zip Code: 32119
5. Facility Identification Number (DEP Use ONLY - do not fill in):
12110115-002
Responsible Official
6. Name and Title of Responsible Official:
Name: EVELYN Sloave Title: OWNEr
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 129 CORAL CIRCLE City: S. Daytona County: Volusia Zip Code: 32119
8. Responsible Official Telephone Number:
Telephone: (386) 760 - 3578 Fax: () - N/A
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Same as above #6
10. Facility Contact Address:
Street Address: Same as Above #1
City: Zip Code:
11. Facility Contact Telephone Number: Same as above #8 Telephone: ()
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DEP Form No. 62-213.900(2)

	•		
Facility Information			5
i.(a) DRY-TO-DRY MA	ACHINES ONLY		
How many dry-to-dry made	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informat	tion:
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")
05/93	Existing/New	ROCA None required	Same
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE KE	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY	•	
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have o	n-site? []	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	n December 9, 1991, it is an EXISTING n December 9, 1991 and September 22, llowed to operate under this general nformation:
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	

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?

[15] 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:

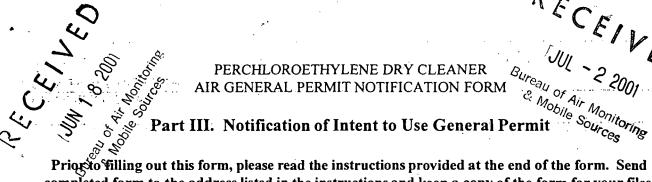
New store: New machine

Unopened store [____] (date of expected opening _____

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3. What is the facility's source classification based on Indicate with an "X". Select one classification o	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 particle (Indicate with an "X".)	oursuant 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 [X]
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 of Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	aation
Check all logs which are required to be kept on-site in	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	X
(d) Carbon adsorber exhaust perc concentration mon	itoring [X]
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)





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):
Evelyn Sloane
2. Site Name (For example, plant name or number):
INterNational Coin LAUNdry
3. Hazardous Waste Generator Identification Number:
#FLD984223651
4. Facility Location: South Ridselland Ale
Street Address: 2007 Over 17 County: 164 5 7 Tip Code: 7 7 7
4. Facility Location: Street Address: 2004 South Ridgewood Ave. City: S. Daytona County: Volusia Zip Code: 32119
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1240115-0025
Responsible Official
6. Name and Title of Responsible Official:
Name: EvelyN Sloane Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 129 CORAL CIRCLE City: S. Waytona County: Vilusia Zip Code: 32119
J. Naytona VICUSTICE 32111
8. Responsible Official Telephone Number:
Telephone: $(386)\eta_{60}-35\eta 8$ Fax: () - N/A
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Same as above #6
10. Facility Contact Address:
Street Address: Same as Above #1
City: County: Zip Code:
,
11. Facility Contact Telephone Number: Same as a bove #8
Telephone: () - Fax: ()

DEP Form No. 62-213.900(2)

How many dry-to-dry ma	achines do you ha	ve on-site?	en in the same to directly
For each dry-to-dry mac	nine on-site, pleas	e provide the following informat	ion:
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")
05/93	Existing/No	ROCA None required	SAMO
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	to the state of th
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
		r 1	
now many washers do yo	ou have on-site?		
How many dryers/reclain If the transfer machine want. If the transfer mach 1993, it is a NEW unit (1	vas purchased from ine was purchased no units purchased	n the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are al	December 9, 1991 and September llowed to operate under this genera
How many dryers/reclair of the transfer machine want. If the transfer mach 1993, it is a NEW unit (permit). For each transformer in the second trans	vas purchased from ine was purchased no units purchased	n the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are al	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera nformation: Date Control Device Installed (if already included at time of
How many dryers/reclair If the transfer machine we want. If the transfer mach 1993, it is a NEW unit (spermit). For each transformate Initially Purchased	vas purchased from tine was purchased no units purchased er machine on-sit	n the manufacturer prior to or on from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required*	December 9, 1991, it is an EXIST December 9, 1991 and September llowed to operate under this general part of the Date Control Device Installed
If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (1	vas purchased from ine was purchased no units purchased er machine on-sit Status (circle one)	n the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are al e, please provide the following in Control Device Required* (circle one)	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera nformation: Date Control Device Installed (if already included at time of
How many dryers/reclair If the transfer machine wount. If the transfer mach 1993, it is a NEW unit (permit). For each transf	vas purchased from the was purchased no units purchased er machine on-sit Status (circle one)	n the manufacturer prior to or on if from the manufacturer between after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera nformation: Date Control Device Installed (if already included at time of
How many dryers/reclair If the transfer machine wount. If the transfer mach 1993, it is a NEW unit (permit). For each transf	ras purchased from the was purchased no units purchased for machine on-sit Status (circle one) Existing/New Existing/New Existing/New	n the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera nformation: Date Control Device Installed (if already included at time of
How many dryers/reclair If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (apermit). For each transfer mach Date Initially Purchased From Manufacturer *CONTROL DEVICE K	ras purchased from the was purchased for units purchased for machine on-sit Status (circle one) Existing/New Existing/New Existing/New Existing/New	n the manufacturer prior to or on in from the manufacturer between it after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA/CA/None required	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber
How many dryers/reclair If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (apermit). For each transfer mach Date Initially Purchased From Manufacturer *CONTROL DEVICE K	ras purchased from the was purchased from the was purchased from units purchased for machine on-sit status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	n the manufacturer prior to or on in from the manufacturer between it after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991; it is an EXIST December 9, 1991 and September llowed to operate under this genera information: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source cla Indicate with an "X". Select		on the definitions found in section (3) of Part'II?
Small Area Source	\mathcal{L}	$Y(x) = \exp(x) \exp(x)$ is a solid such that $x \in \mathbb{R}^n$
Dry-to-dry mac Transfer only of Both machine to		(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		
Dry-to-dry mach Transfer only of Both machine ty		(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 req (Indicate with an "X".)	uired on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at sm. (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser []
Existing machines at large Carbon adsorber Refrigerated condenser	ge area source	New machines at large area source Refrigerated condenser []
Rule 62-213/300, F.A.C. Verify to exemption criteria or that no such	that all steam and l units exist on-site g units exempt	units shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following (see attached memo for the criteria).
For each boiler, indicate its horse	power (HP) rating:	
What type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue	
6. Equipment Monitoring and Rec	cordkeeping Inform	mation
		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 tempe	rature monitoring	
(d) Carbon adsorber exhaust perc	concentration mor	nitoring (X)
(e) Startup, shutdown, malfunction	on plan	
	in a grant Line	

DEP Form No. 62-213.900(2) Effective: 2/24/99

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

-65 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.

Print name of responsible off

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 completed form to the address listed in the instructions and keep a copy of the form for your files.

1.	Facility Owner/Company Name (Name of corporation, agency, or inc	lividual owner):
	R&D Hester, Inc.	
2.	Site Name (For example, plant name or number):	
<u></u>	Vogue Cleaners	
3.	Hazardous Waste Generator Identification Number:	
	FLD981749880	
4.	Facility Location: Street Address: 200 Magnolia Street	A A 1/2
	City: New Smyrna Bch County: Volusia	Zip Code: 32100
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	10 BAA
	12701	18-00a
		Management of the Control of the Con
	sponsible Official Name and Title of Responsible Official:	
		Dwner
•		
7.	Responsible Official Mailing Address:	
	Street Address: 200 Magnolia Street	•
	Responsible Official Mailing Address: Organization/Firm: Voque Cleaners Street Address: 200 Magnolia Street City: New Smyrna Ben County: Volusia	Zip Code: 32168
8.	Responsible Official Telephone Number:	
	Telephone: (386)428 - 5788 Fax: () -
——) -
	Telephone: (386) 428 - 5788 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):) -
	cility Contact (If different from Responsible Official)) -
9.	cility Contact (If different from Responsible Official)	
9.	Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	
9.	Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:	Zip Code:
9.	Edity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	
9.	Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	

DEP Form No. 62-213.900(2)

Facility Name and Location

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	on:
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")
Feb, 2003	Existing	RC/CA/None required	same
***************************************	Existing/No	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site? [O	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
· ` · · · · · · · · · · · · · · · · · ·		have you used within the last 12 n	= carbon adsorber nonths?
	•	· .	
(b) If less than 12 mor		months New owner: [] Did not kee	en records:
Check why it is les	s man 12 monins:	New store: [] New machin	
		Unopened store [] (date of	
		Chopened store [] (date of	expected opening

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classific Indicate with an "X". Select one of		on the definitions found in section (3) of Part II? only.)
Small Area Source		
Dry-to-dry machines Transfer only on-site Both machine types	•	(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		
Dry-to-dry machines Transfer only on-site Both machine types	,	(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 (Indicate with an "X".)	on machines p	pursuant to section (5) of Part II of this notification form?
Existing machines at small are (NONE REQUIRED)	ea source	New machines at small area source Refrigerated condenser [
Existing machines at large are Carbon adsorber [Refrigerated condenser [ea source	New machines at large area source Refrigerated condenser []
	ll steam and he	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following exemption ed memo for the criteria).
All steam and hot water generating uni No such units on-site	ts exempt	OR .
How many boilers do you have on-site	? []	
For each boiler, indicate its horsepowe	r (HP) rating:	<u>15</u>
What type of fuel do you use? [] propane] No. 2 fue] No. 6 fue	
6. Equipment Monitoring and Recordk	eeping Inform	nation
Check all logs which are required to be	kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purch	nases/solvent a	addition log [X_]
(b) Leak detection inspection and repair	ir	
(c) Refrigerated condenser temperature	monitoring	itoring [X]
(d) Carbon adsorber exhaust perc conc	entration moni	nitoring [X_]
(e) Startup, shutdown, malfunction pla	ın	\swarrow

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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the sterm of any changes to the information contained in this notification. The sterm of responsible official 12-30-04 Date

DEP Form No. 62-213.900(2) Effective: 2/24/99

The International Coin Laundywas sold as of June 3 ota, 2004 midnight. The facility No: is #1270115-002. Please Be notified that Ms. Evelyn Sloane is no longer, owner or responsible official of the albert montioned facility. JUL 8 2004 Bureau of Air Monitoring & Mobile Sources