

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

March 22, 2000

Mr. Kai Desai Corner Cleaners 1377 Beville Road Daytona Beach, Florida 32119

Re: Facility No.: 1270125-002

Dear Mr.Desai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 9, 2000.

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, of 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

1270125-002 1.(a)-New should be circled under Status - Mark out eisele on none required. - Add date control device installed of date is some us surchase date add "SAME" 5. Odd horsepower (HP) rating. 17. Responsible Official sign and date for charges. 2/21/2000 Haberto Kai Desai and he stated that the machine was furchased 7/10/1995 and has a refriggated condenses as a control device. He also stated that the boder is 15 horsepower.

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 lean 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):
KAI DESAI DBA CORNER CLEAN
2. Site Name (For example, plant name or number):
CORNER CLEANERS
3. Hazardous Waste Generator Identification Number:
74-00-099960-49-6
4. Facility Location: Street Address: 1377 BEVILLE RD
City: DAYTONA BEACH County: FL. VOLUSTA Zip Code: 32119
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1240125-002
Desmonsible Official
Responsible Official  6. Name and Title of Responsible Official:
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17" - DC(18)
7. Responsible Official Mailing Address: CORNER CUGANERS  Organization/Firm: OFULLE RO
7. Responsible Official Mailing Address: CORNER CLEANERS Organization/Firm: BYILLE RD Street Address:
City: DAYTONABY County: FL Volusing Zip Code: 32/19
8. Responsible Official Telephone Number: Telephone: (90) 706-0750
Telephone: (90) 788-1019 Fax: (10) 706-0490
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
7. 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: ( ) -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **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 informati	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")
7-10-1995	Existing	ew RO/CA/None required	
	Existing/N	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ne was purchased to units purchased	d from the manufacturer between	December 9, 1991, it is an <b>EXISTING</b> 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	<del></del>
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	roethylene (perc)	have you used within the last 12 i	= carbon adsorber months?
	ns (You must fill		
(b) If less than 12 mor	•	<del></del>	d f
Check why it is les	ss than 12 months	s: New owner: [] Did not ke	
		New store: New machin	
		Unopened store [] (date of	expected opening

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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".)				
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  Carbon adsorber Refrigerated condenser				
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 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 [] natural gas [] No. 2 fuel oil [] No. 4 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				
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan				
(e) Startup, shutdown, malfunction plan				

### 7. Surrender of Existing DEP Air Permit(s)

PREVIOS overer

Please indicate with an "X" the appropriate selection:

PENINT # 1270/25

/

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.

Print name of responsible official

02/00/00

Signature

Date

Prio date installed in required  Prio date is some in purchased and "5AME"  Facility  1. Fac  Prio date is some in purchased and "5AME"  Facility  Prio date is some in purchased at add "5AME"  Facility  Facility  A Fa 2/21/2000  Ci Shale to Rei Degai and he stated that the market was furchased 7/10/1995 and has a refrigered syndemen as g control device. He  Name  Resper  Resper  10. Facility Contact Address:  Street Address:  City:  County:  County:  Zip Code:	and the second second	127017	5-000	the state of the s	
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2. Site of 7.  3. Ha Responsible Official sign and date for changes.  4. Fa 2/21/2000 Ci Stake to Rai Desai and he stated that the maxime was furthered 7/10/1995 and has a reproperated condense as a control device. He Name  Responsible Official sign and he stated that the polar is 15 konsepower.  7. F  6. N  8. 1  Faci  9.  10. Facility Contact Address:  Street Address:	comp 0/6	some ces peu	chase da	to add 'SAN	IE" ]
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8. ]  Faci 9.   10. Facility Contact Address:  Street Address:	St 2/21/2000 Ci SD 1 + Q/	. 1	-01		
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	10. Facility Contact Address:	<del></del>	<del></del>		
City: County: Zip Code:				S	
l l	City:	County:		Zip Code:	

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

Fac	cility Name and Location
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KAI DESAI DBA CORNER CLEANE
2.	Site Name (For example, plant name or number):
	CORNER CLEANERS
3.	Hazardous Waste Generator Identification Number:
	74-00-099960-49-6
4.	Facility Location: 13 77 BEVICE RD
	City: DAYTONA BEACH County: FL. VOLUSTA Zip Code: 3 2119
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Name and Title of Responsible Official:
Nar	ne: KAI DESTAL Title: PRESIDENT
7.	Responsible Official Mailing Address: CORNER CLEANERS Organization/Firm: 1377 Street Address: 1377
	City: DAYTONA BY County: FL VOLUSIAZip Code: 32119
8.	Responsible Official Telephone Number: Telephone: (90x) 788 1019  Fax: (90k) 756-0890
Fac	cility 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? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None Existing/New 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 Status Control Device Required\* Date Control Device Installed 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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? 40 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 \_\_\_\_\_\_

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based or Indicate with an "X". Select one classification of				
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 (Indicate with an "X".)	pursuant 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 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 No such units on-site	OR OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [10] []				
What type of fuel do you use?  [] No. 2 fuel  [] No. 6 fuel	4			
6. Equipment Monitoring and Recordkeeping Inform	nation			
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				
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

### 7. Surrender of Existing DEP Air Permit(s)

PREVIOS roder ER

Please indicate with an "X" the appropriate selection:

PENINT # 1270125



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.

Print name of responsible official

02/00/00

Signature

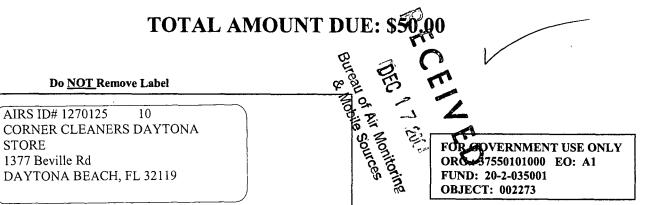
Date

Changes made R.O.

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443411 DEC16 2904

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



Printed on recycled paper.

STORE

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434143 DEC112003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

# on your check or money order. This number.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1270125 KAI DESAI CORNER CLEANERS DAYTONA STORE 1377 BEVILLE RD DAYTONA BEACH FL 32119

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



# This portion must be attached to remittance for proper handling 399716

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 # 1270125

CORNER CLEANERS DAYTONA STORE KAI DESAI 1377 BEVILLE RD

DAYTONA BEACH FL 32119

12/15d.

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273