

# Department of Environmental Protection

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

David B. Struhs Secretary

June 5, 2002

Mr. Ricardo C. Bodden Rick's Tip Top Cleaners 677 Mason Avenue Daytona Beach, Florida 32117

Re: Facility No.: 1270139-002

Dear Mr. Bodden:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 1, 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

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JK/jw

cc: Mr. John Turner, Central District

1270139-002

1(a) New should be circled under Status for 1995 machines.

Select Control Device Required for 1995 machine.

DEP ROUTING AND TRANSMITTAL SLIP		
TO: (NAME, OFFICE, LOCATION)	3	
1	4	
2	5	·
PLEASE PREPARE REPLY FOR:	COMMENTS:	
SECRETARY'S SIGNATURE		
DIV/DIST DIR SIGNATURE		
MY SIGNATURE		
YOUR SIGNATURE		
DUE DATE		
ACTION/DISPOSITION		
DISCUSS WITH ME		
COMMENTS/ADVISE		
REVIEW AND RETURN		
SET UP MEETING	·	
FOR YOUR INFORMATION		
HANDLE APPROPRIATELY	·	
INITIAL AND FORWARD		
SHARE WITH STAFF		
FOR YOUR FILES		
EDOM -	DATE:PHONE:	···



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.

Facility Name and Location			
1.	Facility Owner/Company Name (Name of corporation, agency, or individ	ual owner):	
Ŕ	Site Name (For example, plant name or number):		
2.	Site Name (For example, plant name or number):		
	RICK'S TIP TOP CLEANER. Hazardous Waste Generator Identification Number:	.2	
3.	Hazardous Waste Generator Identification Number:		
	FLD 98426/1834		
4.	Facility Location:		
	Street Address:		
	City: 677 masor A)/Ecounty:  Day + D was VOLUS (a)  Facility Identification Number (DEP Use ONLY - do not fill in):	Zip Code: 32)17	
5.	Facility Identification Number (DEP Use ONLY - do not fill in):		
		10139-002	
	The second state of the second		
Dag	sponsible Official		
	Name and Title of Responsible Official:		
Nar	•		
1461	RICARDO C. BODDEH Title:	WHER	
7.	Responsible Official Mailing Address:		
	Organization/Firm:		
	Street Address:		
	City: 677 MASON AHECOUNTY:	Zip Code:	
	Daylona Bch FI VOLUSIA	32117	
8.	City: 677 MASON ANTECOUNTY:  Day Long Boh FI VOLUSIA  Responsible Official Telephone Number:  Telephone: (386) 255-2892  Fax: (		
	Telephone: $(386)_{255-2892}$ Fax: (	) -	
	286 255-2892		
	cility Contact (If different from Responsible Official)	·····	
9.	Name and Title of Facility Contact (For example, plant manager):		
	Same as above	·	
10.	Facility Contact Address: 5 and		
	Street Address:	÷	
	City: County:	Zip Code:	
11.	Facility Contact Telephone Number:	<u>,                                      </u>	
	Telephone: $(386)$ Fax: (	) -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Facility Information**

1.(a) DRY-TO-DRY M.	ACHINES ONLY		
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	on:
Date Initially Purchased From Manufacturer 5 -	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
5-1995	Existing/Nev	w RC/CA/None required	Same
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	[]	
How many dryers/reclaim	ners do you have o	n-site?	•
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased Status From Manufacturer (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 K			= carbon adsorber
•	roethylene (perc) has (You must fill	nave you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many? [	] months	
Check why it is les	ss than 12 months:	New owner: Did not ke	ep records: []
		New store: [] New machin	ne []
		Unopened store [] (date of	expected opening

	•	ssification based or one classification of		itions found in se	ection (3) of F	art II?
Small A	Area Source	رلان				
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 A	Area Source					
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	0 - 2,100 gallons 0 - 1,800 gallons 0 - 1,800 gallons	of perc per ye	ear)
4. What control (Indicate with		nired on machines	pursuant t	o section (5) of P	art II of this r	notification form?
· · · · · · · · · · · · · · · · · · ·	g machines at sma REQUIRED)	all area source		New machines at Refrigerated cond		ource
Carbon	g machines at larg adsorber rated condenser	e area source		New machines at Refrigerated con-		urce
Rule 62-213.300	, F.A.C. Verify the	exempt emissions that all steam and hunits exist on-site	not water g	enerating units o	n-site meet th	ral permit pursuant to se following
All steam and he No such units or	ot water generating	g units exempt .		OR		
How many boile	rs do you have on	-site?	t,			
For each boiler,	indicate its horsep	oower (HP) rating:	<u>115</u> 1L			
What type of fue	el do you use?	] propane [] No. 2 fue [] No. 6 fue		natural ga No. 4 fuel Other (ple	oil	
6. Equipment M	onitoring and Rec	ordkeeping Inform	nation			
Check all logs w	hich are required	to be kept on-site	in accorda	ince with the requ	uirements of t	his general permit:
(a) Purchase reco	eipts and solvent p	ourchases/solvent	addition lo	g		
(b) Leak detection	on 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 indica	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			
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.  Somptly notify the Department of any changes to the information contained in this notification.			
Print nan	ene of responsible official  4-29-2002			
Signature	e 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.

Effective: 2/24/99

466242 DEC18206 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1270139 RICKS TIP TOP CLEANERS 677 Mason Avenue DAYTONA, FLORIDA 32117 FLAIR ACCT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

Air Monitoring Mobile Sources

FØR GOVERNMENT USE ONLY ORG.; 37550101000 EO: A1

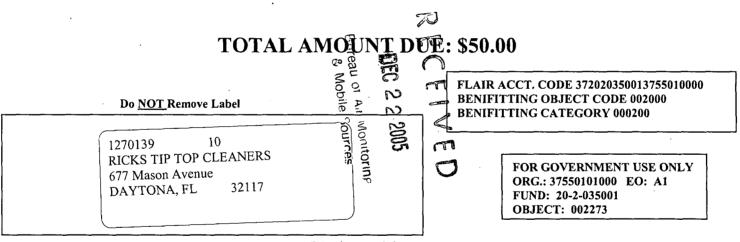
FUND: 20-2-035001

OBJECT: 002273

Printed on recycled paper.

457126 DEC212065

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



Printed on recycled paper.

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

**TOTAL AMOUNT DUE: \$50.00** 

### Do NOT Remove Label

AIRS ID# 1270139 10 RICKS TIP TOP CLEANERS 677 Mason Avenue DAYTONA, FL 32117

FOR GOVERNMENTAUSE ONLY ORG.: 37550101000 EQ. A.

FUND: 20-2-035001

OBJECT: 002273

Printed on recycled paper.



434072 DEC10 2003

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

1270139 RICARDO BODDEN RICKS TIP TOP CLEANERS 677 MASON AVE DAYTONA FL 32117



FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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

421193 DEC30 2002

# TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1270139

RICKS TIP TOP CLEANERS RICARDO BODDEN 677 MASON AVE DAYTONA FL 32117 W 0 6

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

**—**⊕bj.: 002273

### Rick's Tip Top Cleaners

677 Mason Avenue Daytona Beach, FL 32117







GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING AND MOBILE SOURCES MS. 5510

PEPARTMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD

TALLAhassee FIA 32399-2400