

Department of Environmental Protection

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

David B. Struhs Secretary

May 9, 2003

Mr. Thomas J. Young Quick Clean Laundry & Dry Cleaners 125 East Granada Boulevard Ormond Beach, Florida 32176

Re: Facility No.: 1270148-002

Dear Mr. Young:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 7, 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.

4/10/2003 1:45p Called + left message for Thomas Young. (AB)
4/11/03 8 poke to Mi. Young and he will look for signature page on
find date of monufacture for Agy to dry machine. CAB

Fels 98-02

SOC 4

Comp IN

AIRS ID # 1270148-002



04/14/2003

Received note from Mr. Thomas Young, Quick Clean Laundry Owner, indicating a February 1989 purchase date for the on-site pechloroethylene dry-to-dry machine.

Page 15

(a) Add Date Initially Purchased From Manufacturer in space provided. (FEB 1989)

Page 16

- 4. Existing Machines at small area source NONE REQUIRED should be marked for 1989 dry-to-dry machines using less than 140 gallons of perchloroethylene.
- 6. (e) Startup, shutdown, malfunction plan is required for all sources. Should be marked.

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

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 for voir files

cility Name and Location

Facility Owner/Company 2.

Fa	Facility Name and Location					
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Thomas J YOUNG					
2.						
	Quick Clean LAUNDRY + DRYCLEAMERS					
3.	Hazardous Waste Generator Identification Number:					
	FLCESQG					
4.	Facility Location:					
1	Street Address: 125 EAST GRANADA BLUD	•				
	City: DRMOND BEACH FL. County: VOLU	519		Zip C	ode: 32176	
5.	Racility Identification Number (DEP Use ONEY ado not)	illin):	33			
					TO VOLEN	

	sponsible Official					
	Name and Title of Responsible Official:					
Na	Responsible Official Mailing Address:	Title:	04	iner	<u> </u>	
7.	Responsible Official Mailing Address:	***				
	Organization/Firm:					
	Street Address: 5 Am County:			Zip C	ode:	
	City.			. Zip C	ouc.	
8.	Responsible Official Telephone Number:					
	Telephone: (286) 673-3824	Fax:	()	•	
	Q Q O O O O O O O O O O	· · · · · · · · · · · · · · · · · · ·				
Fa	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant m	anager)	:	•		
10	10. Facility Contact Address:					
	Street Address:			7 '- ^		
	City: County:			Zip C	oae:	
11.	11. Facility Contact Telephone Number:					
	Telephone: () -	Fax:	()	-	

DEP Form No. 62-213.900(2)

14

Facility Information			
1.(a) DRY-TO-DRY MA	CHINES ONLY		
How many dry-to-dry mad	chines do you have	on-site?	
For each dry-to-dry machi	ine on-site, please p	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")
MKnown	Existing/New	RC/CA/None required	Same
	Existing/New	RC/CA/None required	
	Existing/Nev	RC/CA/None required	
		·	
*CONTROL DEVICE KE	:Y: RC = ren	$ \text{ngerated condenser} \qquad CA = 0 $	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 on-	-site? []	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased f o units purchased a	rom the manufacturer between D	ecember 9, 1991, it is an EXISTING ecember 9, 1991 and September 22, wed to operate under this general rmation:
Date Initially Purchased From Manufacturer		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 KI	EY: RC = ref	rigerated condenser CA =	carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[30] 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)

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)				
(and the suppose of t				
4. What control technology is required on machines pursuant to sect in (5) of Part II of this notification form? (Indicate with an "X".)				
Existing machines at small area source New machines at small area source				
(NONE REQUIRED) Refrigerated condenser				
Existing machines at large area source New machines at large area source				
Carbon adsorber [] Refrigerated condenser []				
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: [1/3] []				
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)				
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				

DEP Form No. 62-213.900(2)

	7. Surrender	of Existing DEP Air Permit(s)
	Please indicat	te 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 w	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	ne of responsible official
	Signature	1-3-03 Date

DEP Form No. 62-213.900(2)

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 (E EP 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 (Afficial 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.

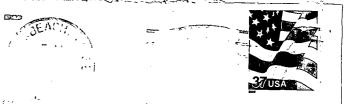
Facility Contact

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.

DEP Form No. 62-213.900(2)

Rick Butlery DATE OF Manufacture of my prycleaning machine 15 February 1989 Tranks, Junyoung

QUICK CLEAN COIN LAUNDRY AND DRY CLEANERS 125 E. GRANADA BLVD. ORMOND BEACH, FL 32176 PHONE 673-3824



General Permits Section

Bureau of Rir Monitoring and Mobile Scources MS 55,0

Dept of Environmental Protection

2600 Blair Stone RD.

TAILAHASEE, FL 32399-7400

Bick Butles

32399+2400

RECEIVED

JAN 3 0 2004 JAN-27-2004 To: Rick Butler & Mobile Sources

Re: Facility # 1270/48-002 This letter 15 to notify you that

AS OF Jan 31, 2004 I have solomy business AND Will no longer be the

Responsible party AT This location.

Inank you, Thomas J Young 125 E.GRANADA BLUD

ORMOND Beach, FL 37176 " Quick Clean LAUNDRY AND

DRY Cleaners!

QUICK CLEAN COIN LAUNDRY AND DRY CLEANERS 125 E. GRANADA BLVD. ORMOND BEACH. FL 32176 PHONE 673-3824





Dept of Environmental protection
Twin Towers Office Building
2600 Blain Stone RD.
Tallahasee, FL 32399-2400

ATTN: Rick Butler

2355+2400 hillinklakkallakkakkallakkallakkallak

0004 0144 9843	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com Postage \$ Certified Fee	
	Return Reciept Fee (Endorsement Required)	
0200	Restricted Delivery Fee (Endorsement Required) SUICO ID F 12 / 0148	
i	THOMAS YOUNG 1	
7003	QUICK-CLEAN LAUNDRY & DRYCLEANERS	7
~	125 E GRANADA BLVD	
	ORMOND BEACH, FL 32176	
	PS Form 3800, June 2002 See Reverse for Instructions	

10 ACE CTICKER AT TOP OF ENVELOPE TO THE RIGHT			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Signature X M Agent Addressee B. Received by Fringted Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery G. Da		
1. Article Addressed to: THOMAS YOUNG QUICK-CLEAN LAUNDRY &			
DRYCLEANERS 125 E GRANADA BLVO ORMOND BEACH, FL 32176	Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number 7003 050 (Transfer from service label)	0 0004 0144 9843		

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 PROFILM ODEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436328 FEB122004

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



Do NOT Remove Label

1270148 THOMAS YOUNG QUICK-CLEAN LAUNDRY & **DRYCLEANERS** 125 E GRANADA BLVD ORMOND BEACH FL 32176

Jurcau of Air Monitorine OFFOR GOVERNMENT USE ONLY 20rg.: 37550101000 EO: A1 Fund: 20;2-035001

	Service [™] D MAIL [™] RECEIPT Only; No Insurance Coverage Provided)	
For delivery inform	nation visit our website at www.usps.com®	
hhill OF	FICIAL USE	
Postage	18 12 12 12	
☐ Certified Fee	H R W	
Return Reciept Fee (Endorsement Required)		
Restricted Delivery Fee		
Total Po ID# 127		
THOMA	AS YOUNG	_
QUICK	-CLEAN LAUNDRY &	
Street, Ap DRYCL	LEANERS	
	RANADA BLVD	
City, State ORMOI	ND BEACH, FL 32176	
PS Form 3800, June 20	02 See Reverse for instructio	ns

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Signature X Mush Agent Addressee B. Received by (Printed Name) C. Date of Delivery		
. 1. Article Addressed to:-	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
TID# 1270148 THOMAS YOUNG QUICK-CLEAN LAUNDRY & DRY-CLEANERS			
125 E GRANADA BLVD ORMOND BEACH, FL 32176	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Trans 7003 0500 0004 0144 4381			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

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 OF AIR MONITON MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400