



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 30, 2007

Mr. Sujata Patel
Century Cleaners
1235 M Providence Boulevard
Deltona, Florida 32725

Re: Facility No.: 1270160-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 26, 2007.

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,

for Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Ms. Caroline Shine, Central District

CEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

MAR 26 2007

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

| | | |
|--|---------------------------------|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | CENTURY CLEANERS / DIAMOND INC. | |
| 2. Site Name (For example, plant name or number): | CENTURY CLEANERS | |
| 3. Hazardous Waste Generator Identification Number: | | |
| 4. Facility Location: 1200 DELTONA BLVD #58 - PLANT | | |
| Street Address: | | |
| City: DELTONA | County: VOLUSIA | Zip Code: 32725 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 1270160-002 | |

Responsible Official

| | | |
|---|--------------------------|-----------------|
| 6. Name and Title of Responsible Official: | | |
| Name: SUJATA PATEL | Title: OWNER / PRESIDENT | |
| 7. Responsible Official Mailing Address: | | |
| Organization/Firm: | | |
| Street Address: 1235 M PROVIDENCE BLVD - DROP STORE | | |
| City: DELTONA | County: VOLUSIA | Zip Code: 32725 |
| 8. Responsible Official Telephone Number: | | |
| Telephone: (386) 574-2033 | Fax: () - | |

Facility Contact (If different from Responsible Official)

| | | |
|---|------------------------|-----------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | SONALI PATEL - MANAGER | |
| 10. Facility Contact Address: CENTURY CLEANERS | | |
| Street Address: 1200 DELTONA BLVD #58 - PLANT | | |
| City: DELTONA | County: VOLUSIA | Zip Code: 32725 |
| 11. Facility Contact Telephone Number: | | |
| Telephone: (386) 860-9489 | Fax: () - | |

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [1]

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") |
|--|---------------------|---------------------------------------|---|
| 1998 | Existing | RC | SAME |
| _____ | 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? [0]

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 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?

[5] 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 _____)

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.

SUTATA PATEL

Print name of responsible official

Shale D. Patel

Signature

3/20/07

Date

DIAMOND INC
Century Cleaners
1200 Deltona Blvd #58
Deltona FL 32725

MID FLORIDA PDC
FL 327 3 L
22 MAR 2007 PM



To,

General Permit Section

Bureau of Air Monitoring and mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

TALLAHASSEE, FL 32399 - 2400.

32399+6542

