

# Department of Environmental Protection

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

Colleen M. Castille Secretary

May 27, 2004

Mr. Merrn Bawli Royal Cleaners 43 Peruvian Lane Ormond Beach, Florida 32174

Re: Facility No.: 1270176-001

Dear Mr. Bawli:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 19, 2004.

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. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

No Activity Exist for facility

EMISSION FEE DATES ......
SOC REPORTS .....
COMPLIANCE STATUS .....

# AIR GENERAL PERMIT NOTIFICATION FORM

# RECEIVED

## Part III. Notification of Intent to Use General Permit

APR 1 9 2004

Prior to filling out this form, please read the instructions provided at the end of the form. Send & Mobile Sources 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):
ROYAL CRAFT INC	
2. Site Name (For example, plant name or number):	
ROYAL CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLCESQG	
4. Facility Location: 3818 NORTH NOUA ROAL Street Address:	<b>D</b> ,
City: PORT ORANGE County: UOL	USIA Zip Code: 32/29
Paragram and Commerce of the control	
Responsible Official	
6. Name and Title of Responsible Official:	Title: PRESIDENT
Name: MERRN BAWLI	Title: FRESTUENT
7. Responsible Official Mailing Address:	•
Organization/Firm:	
Street Address: 43 PERUVIAN LANE,	77.04.27174
City: ORMOND BEACH County: VOLUSIA	Zip Code: 32174
8. Responsible Official Telephone Number:	
Telephone: (366) 615 6531	Fax: ( ) -
(386) 788-7482] Vei	NUMBER 1/25/07 D.C.W.
Facility Contact (If different from Responsible Official)	Number 1/23/01/ De Cio.
9. Name and Title of Facility Contact (For example, plant n	nanager):
10. Facility Contact Address:	
Total Andrews	
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: ( ) -	Fax: ( ) -
<u> </u>	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

13

Facility Information.			
1.(a) DRY-TO-DRY M	IACHINES ON	LY	
How many dry-to-dry n	nachines do you h	ave on-site?	
For each dry-to-dry mad	hine on-site, plea	se provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required* e) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/1/2004	Existing/	New RC/CA/None required	SAME
	Existing/N	lew RC/CA/None required	
	Existing/N	lew RC/CA/None required	
*CONTROL DEVICE K	CEY: RC =	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		
How many washers do y	ou have on-site?	[]	•
How many dryers/reclaim	ners do you have	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased to units purchased for machine on-sit	d from the manufacturer between I d after September 22, 1993 are allo e, please provide the following info	ormation:
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	
When the management with the beautiful property and an agent	Existing/New	RC/CA/None required	
*CONTROL DEVICE KI	EY: RC = r	efrigerated condenser CA =	carbon adsorber
	• • •	have you used within the last 12 m	onths?
[ O ] gallor	s (You must fill	this in)	
(b) If less than 12 mon			
	ths, how many? [	months	
Check why it is less		New owner: Did not keep	p records: []
Check why it is less			

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  Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursual Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exem criteria or that no such units exist on-site (see attached memo for the criteria).  All steam and hot water generating units exempt  OR  No such units on-site	
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [] [2] [0]	
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)	
5. 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	
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	
e) Startup, shutdown, malfunction plan	

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 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.  Inputly notify the Department of any changes to the information contained in this notification.  I Paul Le of responsible official  Jevvo Date

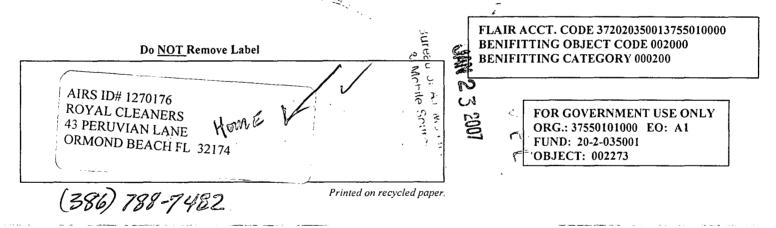
:

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

467348 JAN18207

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

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



Zuheir S. Bawli 43 Peruvian Lane Ormond Beach, FL 32174





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

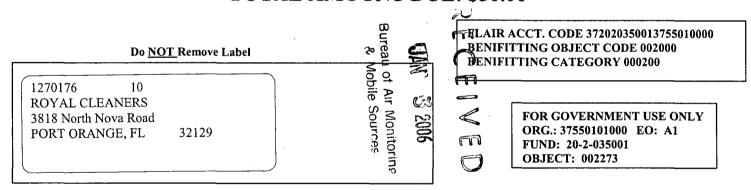
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### THIS PORTION MUST. L. ATTACHED TO REMITTANCE FOR PROPER HANDLING

457488 DEC30 2005 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

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



Printed on recycled paper.

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

443397 DEC162004

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# 1270176 10 ROYAL CLEANERS 3818 North Nova Road PORT ORANGE, FL 32129

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273