



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

July 5, 2007

Mr. Larry Creel
Crown Cleaners
2120 Saxon Boulevard, Suite 201
Deltona, Florida 32725

Re: Facility No.: 1270191-001

Dear Mr. Creel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 31, 2007.

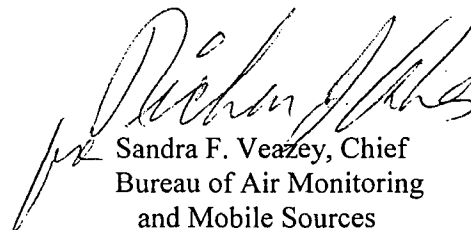
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Ms. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY ✓.....
EMISSION FEE DATES
SOC REPORTS
COMP. STATUS - SNC MNC (IN)

Insp- Volusia Co - CD - CShire

Bowman, Sandy

From: Owens, Danielle - *central office*
Sent: Tuesday, September 30, 2008 8:34 AM
To: Dibble, Dickson
Cc: Bowman, Sandy; Parker, Wanda
Subject: Dry Cleaner Inactivation

Dick,

Please inactivate the facility below. It has either gone out of business or moved to another location. The building is now empty.

1270191	Crown Cleaners	2120 Saxon Blvd suit 201	Deltona	Volusia
---------	----------------	--------------------------	---------	---------

Thanks!

Danielle D. Owens
Engineer
Air Resources Management
Phone: (407) 893-3333, ext 2341
Fax: (407) 897-5963

9/30/2008



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

June 6, 2007

Mr. Larry Creel
Crown Cleaners
2562 Enterprise Road #1270191-001
Orange City, Florida 32763

Dear Mr. Creel:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the dry cleaning facility and your check (#24666) in the amount of \$100.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman, Administrator
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources



CROWN CLEANERS
2562 ENTERPRISE ROAD
ORANGE CITY, FL 32763
(386) 775-1322

BANK OF AMERICA, NA
ORANGE CITY, FL 32763

24666

5/24/2007

PAY TO THE ORDER OF Department of Environmental Protection

\$**100.00

One Hundred and 00/100***** DOLLARS

Department of Environmental Protection
Bureau of Air Monitoring and Mobile S
Sources
2600 Blair Stone Road
Tallahassee, Fl. 32399

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 31 2007
DEPARTMENT OF ENVIRONMENTAL
& MOBILE SOURCE

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 the 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): <i>Creel Corporation</i>
2. Site Name (For example, plant name or number): <i>Crown Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLR000098004</i>
4. Facility Location: <i>2120 Saxon Blvd</i> Street Address: <i>Suite 201</i> City: <i>Deltona, Fl.</i> County: <i>Volusia</i> Zip Code: <i>32725</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Larry Creel</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Crown Cleaners</i> Street Address: <i>Suite 201</i> City: <i>2120 Saxon Blvd Deltona, Fl.</i> County: <i>Volusia</i> Zip Code: <i>32725</i>
8. Responsible Official Telephone Number: Telephone: <i>(386) 789-0958</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Sherry Dickerson</i> <i>Manager</i>
10. Facility Contact Address: Street Address: <i>2120 Saxon Blvd</i> <i>Suite 201</i> City: <i>Deltona, Fl.</i> County: <i>Volusia</i> Zip Code: <i>32725</i>
11. Facility Contact Telephone Number: Telephone: <i>(386) 789-0958</i> Fax: () -



CROWN CLEANERS
 2562 ENTERPRISE ROAD
 ORANGE CITY, FL 32763
 (386) 775-1322

BANK OF AMERICA, NA
 ORANGE CITY, FL 32763

24666

5/24/2007

© 2005 INTUIT INC. # 785 1-800-433-8810

PAY TO THE ORDER OF Department of Environmental Protection

\$**100.00

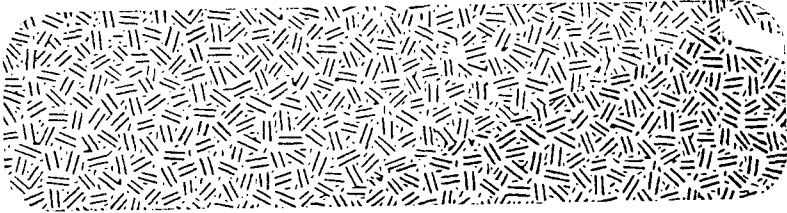
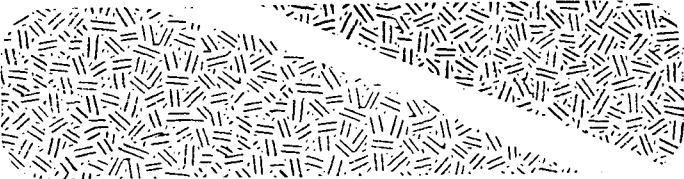
One Hundred and 00/100*****

DOLLARS

Department of Environmental Protection
 Bureau of Air Monitoring and Mobile S
 Sources
 2600 Blair Stone Road
 Tallahassee, Fl. 32399

MEMO

[Handwritten Signature]



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 31 2007
Bureau of Air Monitoring
& Mobile Source

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):	Creel Corporation		
2. Site Name (For example, plant name or number):	Crown Cleaners		
3. Hazardous Waste Generator Identification Number:	FLR000098004		
4. Facility Location: Street Address: City: Deltona, Fl. County: Volusia Zip Code: 32725	2120 Saxon Blvd Suite 201		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1270191-001		

Responsible Official

6. Name and Title of Responsible Official: Name: Larry Creel Title: Owner			
7. Responsible Official Mailing Address: Organization/Firm: Crown Cleaners Street Address: Suite 201, 2120 Saxon Blvd. City: Deltona, Fl. County: Volusia Zip Code: 32725			
8. Responsible Official Telephone Number: Telephone: (386) 789-0958 Fax: () -			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Sherry Dickerson Manager			
10. Facility Contact Address: Street Address: 2120 Saxon Blvd. Suite 201 City: Deltona, Fl. County: Volusia Zip Code: 32725			
11. Facility Contact Telephone Number: Telephone: (386) 789-0958 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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
January 2002	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?

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?

gallons (You must fill this in)

(b) If less than 12 months, how many?

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 **OR**
No such units on-site

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
 No. 6 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
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

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 _____

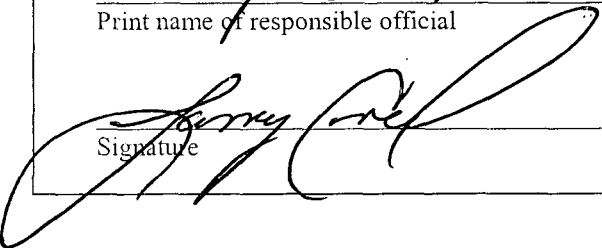
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Larry Creel
Print name of responsible official


Signature

5/23/07
Date

Crown Cleaners
2120 Saxon Blvd. Ste. 201
Deltona, Fl. 32725



7006 0100 0003 5566 0326



0000

32399

U.S. POSTAGE
PAID
ORANGE CITY, FL
32753
MAY 25, 07
AMOUNT

\$5.21
00017625

RETURN RECEIPT
REQUESTED

General Permits section
Bureau of Air monitoring and mobile
Sources, ms 5510
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399 - 2400

FWD