

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 22, 2002

Ms. Ann B. Kiefer
French Laundry & Dry Cleaners
24 Shannon Lane
Santa Rosa Beach, Florida 32459

Re: Facility No.: 1310257-001

Dear Ms. Kiefer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 17, 2002.

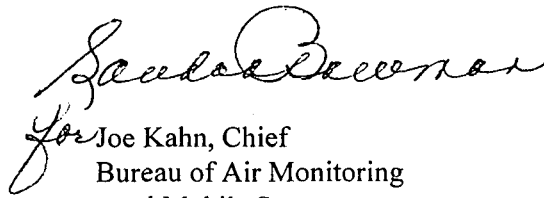
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Charlie Norman, Northwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

See INSTRUCTIONS ON
Page 17

ASBP

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 17 2002

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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

FB006300

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Second Wind LLC Corporation		
2. Site Name (For example, plant name or number):	French Laundry + Dry Cleaner		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	24 SHANNON LANE	City: SANTA ROSA BEACH	County: WALTON Zip Code: 32459
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1310254-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: Ann B Keefe	Title: Owner
7. Responsible Official Mailing Address:	P.O. Box 1708, Santa Rosa Beach, FL 32459	
Organization/Firm:	24 Shannon Lane	
Street Address:	City: Santa Rosa Beach	County: Walton Zip Code: 32459
8. Responsible Official Telephone Number:	Telephone: (850) 622-0432	Fax: (850) 622-8522

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Bonnie Holbrook (Manager)		
10. Facility Contact Address:	Same as Above		
Street Address:	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: (850) 622-0432	Fax: ()	

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JUN 17 2002

NORTHWEST FLORIDA
DEP

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")
<i>Date</i> <u>Aug 2001</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? NONE

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

45 gallons (You must fill this in)

(b) If less than 12 months, how many? 9 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 _____)

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)

How much do you expect to use per 12-month period?

OR

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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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"/> |

OR

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? 1

For each boiler, indicate its horsepower (HP) rating: 3 3 4 5

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

12. OWNERS MANUAL

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.

Ann B. Kiefer

Print name of responsible official

Ann B. Kiefer

Signature

6/7/02

Date

7003 0500 0004 0144 4497

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
[Handwritten Signature]

Total Pcs: ID# 1310257

Sent To: ANN KIEFER
 FRENCH LAUNDRY & DRYCLEANERS
 Street, Apt. or PO Box: 24 SHANNON LANE
 City, State: SANTA ROSA BEACH, FL 32459

PS Form 3811, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OF THE RETURN ADDRESS, FOLD AT THIS LINE

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

ID# 1310257
 ANN KIEFER
 FRENCH LAUNDRY & DRYCLEANERS
 24 SHANNON LANE
 SANTA ROSA BEACH, FL 32459

2. Article Number

7003 0500 0004 0144 4497

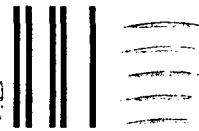
COMPLETE THIS SECTION ON DELIVERY

- A. Signature
[Handwritten Signature: Gayle McGarey] Agent Addressee
- B. Received by (Printed Name) *G. McGAREY*
- C. Date of Delivery *2/16/04*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input checked="" type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

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
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air, Monitoring
& Mobile Sources

FEB 9 2004

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32399-2400



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OFFICIAL USE

6900 6E6E 2000 0T52 4002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

AIKS ID# 1310257 1stC

Sent To FRENCH LAUNDRY & DRY
 CLEANERS
 Street, Apt. or PO Box 24 Shannon Lane
 City, State, SANTA ROSA BEACH, FL 32459

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIKS ID# 1310257 1stC
 FRENCH LAUNDRY & DRY
 CLEANERS
 24 Shannon Lane
 SANTA ROSA BEACH, FL 32459

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0089

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Donnie Halbert* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

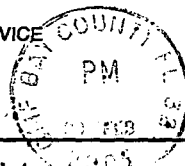
D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2ACPRI-03-P-4081

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 •

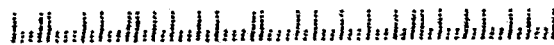
BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile Sources

FEB 16 2001

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2343+8342



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7001 0320 0001 7976 6546

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

To: AIRS ID#1310257
FRENCH LAUNDRY & DRY CLEANERS

Ser. ANN B KIEFER

24 SHANNON LANE

Str or F SANTA ROSA BEACH FL

City 32459

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#1310257
FRENCH LAUNDRY & DRY CLEANERS
ANN B KIEFER
24 SHANNON LANE
SANTA ROSA BEACH FL
32459

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

B. HOLBROOK 3/7/03

C. Signature

Brian Holbrook Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

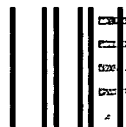
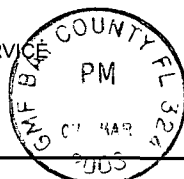
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 6546

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.

DARMMOSILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile
Source
Monitoring

MAR 10 2003

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2600+2400



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 6080

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		¢

AIRS ID#1310257

Sent	FRENCH LAUNDRY & DRY CLEANERS
Street or P.O.	ANN B KIEFER 24 SHANNON LANE
City	SANTA ROSA BEACH FL 32459

PSR

Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#1310257
 FRENCH LAUNDRY & DRY CLEANERS
 ANN B KIEFER
 24 SHANNON LANE
 SANTA ROSA BEACH FL
 32459

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 6080

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

A. KIEFER

2/7/03

C. Signature

X *Ann B Kiefer*

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)*

Yes

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION & Mobile Sources
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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10



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 1310257
FRENCH LAUNDRY & DRY
CLEANERS
24 Shannon Lane
SANTA ROSA BEACH, FL 32459

459908 MAR 15 2006
RECEIVED
Bureau of Air Mailage
& Mobile Services
MAR 16 2006
FLAIR ACCT. CODE 3720235001375010000
BENEFITTING OBJECT CODE 002200
BENEFITTING CATEGORY 00200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

467398 JAN 19 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1310257 ✓
SECOND WIND LLC
24 Shannon Lane
SANTA ROSA BEACH, FLORIDA
32459

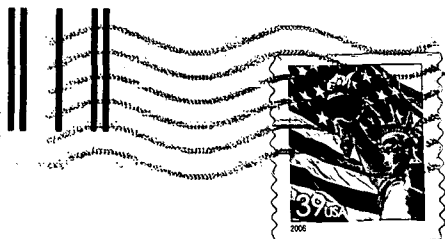
FLAIR ACCT. CODE 372020350013755010000
BENEFITING OBJECT CODE 002000
BENEFITING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

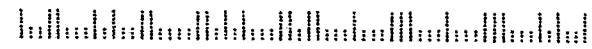
The French Laundry
P.O. Box 1708
Santa Rosa Beach, FL 32459

GMF BAY COUNTY
FL 324 2 L
18 JAN 2007 PM



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

32315+3070-70 8039



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447031 FEB22 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

Do **NOT** Remove Label

AIRS ID# 1310257 1stC
FRENCH LAUNDRY & DRY
CLEANERS
24 Shannon Lane
SANTA ROSA BEACH, FL 32459

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

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FEB 23 2005
Bureau of Administration
& Mobile Services



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

436366 FEB13 2004

TOTAL AMOUNT DUE: \$50.00

RECEIVED

FEB 19 2004

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

iD# 1310257
ANN KIEFER
FRENCH LAUNDRY & DRYCLEANERS
24 SHANNON LANE
SANTA ROSA BEACH, FL 32459

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

~~425630~~

Bureau of Air Monitor
Mobile Sources

MAR 14 2003

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Do NOT Remove Label

AIRS ID#1310257
FRENCH LAUNDRY & DRY CLEANERS
ANN B KIEFER
24 SHANNON LANE
SANTA ROSA BEACH FL
32459

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273