



# 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

September 10, 2008

Mr. Rich Cocco  
Siesta Cleaners, LLC  
3546 South Osprey Avenue  
Sarasota, Florida 34239

Re: Facility No.: 1150146-003

Dear Mr. Cocco:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 2008.

Pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

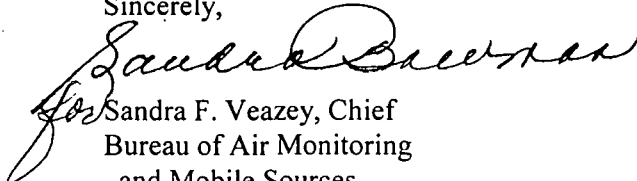
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



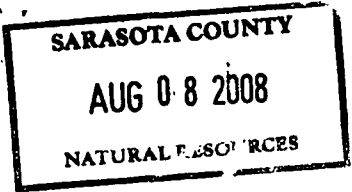
Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. John Hickey, Sarasota County

NO ACTIVITY FOR FACILITY .....  
EMISSION FEE DATES ..2006.....  
SOC REPORTS ..2.....  
COMP. STATUS - SNC MNC (N)

TRPT-MRR-Miscellaneous Report Review  
Insp Sarasota Co - J Hickey



AirSID 1150146

AUG 14 2008

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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): | SIESTA CLEANERS LLC   |           |          |
| 2. Site Name (For example, plant name or number):                                  | SIESTA CLEANERS       |           |          |
| 3. Hazardous Waste Generator Identification Number:                                |                       |           |          |
| 4. Facility Location:                                                              | 3546 SOUTH OSPREY AVE |           |          |
| Street Address:                                                                    |                       |           |          |
| City:                                                                              | SARASOTA FL.          | County:   | SARASOTA |
|                                                                                    |                       | Zip Code: | 34239    |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):                 | 1150146-003           |           |          |

Responsible Official

|                                            |                |           |       |
|--------------------------------------------|----------------|-----------|-------|
| 6. Name and Title of Responsible Official: |                |           |       |
| Name:                                      | Rich Cocco     | Title:    | OWNER |
| 7. Responsible Official Mailing Address:   |                |           |       |
| Organization/Firm:                         |                |           |       |
| Street Address:                            |                |           |       |
| City:                                      | SAME           | County:   |       |
|                                            |                | Zip Code: |       |
| 8. Responsible Official Telephone Number:  |                |           |       |
| Telephone:                                 | (941) 955 2728 | Fax:      | ( ) - |

Facility Contact (If different from Responsible Official)

|                                                                     |                |           |       |
|---------------------------------------------------------------------|----------------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Rich           |           |       |
| 10. Facility Contact Address:                                       |                |           |       |
| Street Address:                                                     |                |           |       |
| City:                                                               | SAME           | County:   |       |
|                                                                     |                | Zip Code: |       |
| 11. Facility Contact Telephone Number:                              |                |           |       |
| Telephone:                                                          | (941) 955 2728 | Fax:      | ( ) - |

1120146-002

**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") |
|--------------------------------------------|---------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| 9/1996                                     | Existing/New        | RC/CA/None required                   | 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?  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)

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

Rich Cooco  
Print name of responsible official

Richard Cooco  
Signature

8-6-08  
Date

## 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 (DEP 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 Official** - 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

9. **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.



10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

**Facility Information**

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

**Equipment Monitoring and Recordkeeping Information**

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

**Surrender of Existing DEP Air Permit(s)**

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

**Responsible Official Certification**

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

**Susan M. Cameron**

---

**From:** Dibble, Dickson [Dickson.Dibble@dep.state.fl.us]  
**Sent:** Friday, August 08, 2008 3:15 PM  
**To:** Susan M. Cameron  
**Cc:** Bowman, Sandy; Veazey, Sandra; John T. Hickey  
**Subject:** FW: General permit Notification  
**Attachments:** Siesta Cleaners August 8 2008.pdf

Susan,

Beginning October 1, 2008, all non-Title V AGP Registration forms and processing fees currently received in the Local Program Offices will no longer be mailed to or received by the Local Program Offices. For **General Mail Delivery**, forms and fees should be mailed directly to the following **DEP Finance & Accounting** post office box address:

**FDEP  
RECEIPTS  
POST OFFICE BOX 3070  
TALLAHASSEE, FLORIDA 32315-3070**

If a facility or consultant wishes to send forms and fees by **overnight delivery** they should send to this **DEP Finance & Accounting** street address:

**FDEP  
3800 COMMONWEALTH BLVD, MS-77  
TALLAHASSEE, FLORIDA 32399**

With respect to the processing of the attached Siesta Cleaner form, I can begin the process, but I must have the original, completed and signed form in order to complete the process. Also, question 1.(a) on page 15 of the form is not complete. They have indicated that the facility is comprised of one (1) Dry to Dry Machine, but have failed to provide the information requested in the box field immediately below. Without that information I will not be able to complete the thirty (30) day review process.

Thank you, and have a great weekend!

*Dick*

**Dickson E. Dibble, ES III**

FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Air General Permit Program  
Tel. (850) 921-9586  
FAX (850) 922-6979  
ICG-#345

**Dickson.Dibble@dep.state.fl.us**

in plain language

**Please note:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

*The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.*

**From:** Susan M. Cameron [mailto:[scameron@scgov.net](mailto:scameron@scgov.net)]

**Sent:** Friday, August 08, 2008 1:59 PM

**To:** Dibble, Dickson

**Subject:** General permit Notification

Dickson -

Please process the attached. Also, when do all GP Notifications -> Tallahassee?

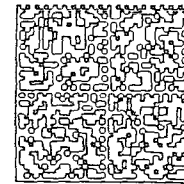
Susan Cameron, ESIII  
Sarasota County ESBC Air Quality/Storage Tank Management  
2817 Cattlemen Road  
Sarasota, FL 342323  
[scameron@scgov.net](mailto:scameron@scgov.net)  
941-861-6237



SARASOTA COUNTY  
ENVIRONMENTAL SERVICES  
Natural Resources  
2817 Cattlemen Road  
Sarasota FL 34232

Return Service Requested

PRESORTED  
FIRST CLASS



Haster

016H26506819

\$00.519

08/11/2008

Mailed From 34236

US POSTAGE



Dickson E. Dibble, ES III  
Florida Dept. of Environmental Protection  
3800 Commonwealth Blvd, MS 77  
Division of Air Resource Management  
Tallahassee, FL 32399

F\*08011 32303

