

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

October 25, 2006

Ms. Bettye Jacobs  
Dolphin Fabricare, Incorporated  
7101-55 Cypress Lake Drive  
Fort Myers, Florida 33907

Re: Facility No.: 0710139-003

Dear Ms. Jacobs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 2006.

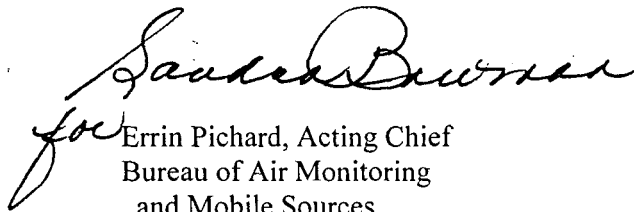
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Errin Pichard, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver – South District

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY.....

EMISSION FEE DATES 196-2005.....

SOC REPORTS.....

COMP. STATUS - SNC MNC (IN)

9/29/2005

INS2-Compliance Insp.  
walk through

Insp- South District-SC

RECEIVED

0710139

SEP 20 2006

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of 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): <i>Dolphin Fabricare, Inc.</i>
2. Site Name (For example, plant name or number): <i>Dolphin</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 982 155 541</i>
4. Facility Location: Street Address: <i>7101-55 Cypress Lake Drive</i> City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33907</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0710139-003</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Bettye Jacobs</i> Title: <i>Vice President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Dolphin Fabricare</i> Street Address: <i>7101-55 Cypress Lake Dr.</i> City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33907</i>
8. Responsible Official Telephone Number: Telephone: <i>(239) 482-2525</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Wes Jacobs, Manager</i>
10. Facility Contact Address: Street Address: <i>7101-55 Cypress Lake Dr.</i> City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33907</i>
11. Facility Contact Telephone Number: Telephone: <i>(239) 482 2525</i> Fax: ( ) -

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
12/01/95	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME
12/01/95	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME
_____	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?

[ 115.80 ] 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".)

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

New machines at large area source  
Refrigerated condenser

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.*

by Bettye Jacobs, Vice Pres.  
Print name of responsible official

By: Bettye Jacobs, VP.  
Signature

09/18/06  
Date

Dolphin Fabricating Inc  
7101-55 Cypress Lake Dr.  
Ft Myers, FL 33907



7006 0810 0005 8953 4769

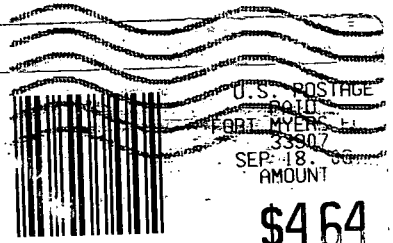
FORT MYERS FL 339

SEP 18 2006 PM 1T



UNITED STATES  
POSTAL SERVICE

0000



U.S. POSTAGE  
0010  
FORT MYERS FL  
33907  
SEP 18 2006  
AMOUNT

\$4.64  
00034705-17

32399

RETURN RECEIPT  
REQUESTED

General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
MS5510  
Dept of Environ. Prot.  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400

32399-2400

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.

REFUND REQ # 16998  
REFUND DUE  
NO FEE DUE

TOTAL AMOUNT DUE: \$50.00

487903 NOV10 2008

Do NOT Remove Label

AIRS ID# 710139  
DOLPHIN FABRICARE INC  
7101-55 Cypress Lake Drive  
FT MYERS, FLORIDA 33907

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

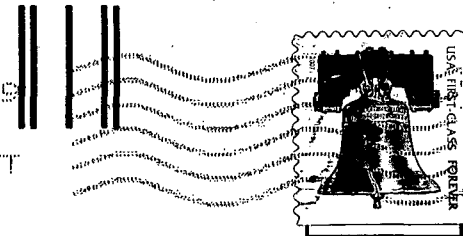
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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Dolphin  
7101-55 Cypress Lake Dr  
Ft Myers, FL 33907

FT MYERS FL 339

06 NOV 2008 PM 5 T



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

323153070





APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: DOLPHIN FABRICARE  
ADDRESS: 7101-55 Cypress Lake Drive  
FT MYERS, FLORIDA 33907  
AMOUNT: \$50.00 CHECK #: 11637 DEPOSIT DATE: 11-10-2008 DEPOSIT: 291262  
DOCUMENT NUMBER: 487903 SYS RECEIPT#: 643327 PAYMENT#: 908603 REMIT#: 802743  
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

\_\_\_\_\_

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury,

Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 0000000020000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 0000002200000

\*\*\*\*\*

CERTIFIED TRUE AND CORRECT this 18TH day of NOVEMBER, 2008.

Rick B. Ribble ESTE Deputy of SNA II  
Signature and Title of Authorized Person

\*\*\*\*\*

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

Florida Department of Environmental Protection  
 Cash Receiving Application (CRA)  
 Cashlisting by Deposit #: 291262 thru 291262  
 Printed: 11/10/2008 3:33:32 PM - Page 24

Cashlisting: 72021 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.  
 Deposit No: 291262 Date Deposited: 11/10/2008 Contact: E. WALKER

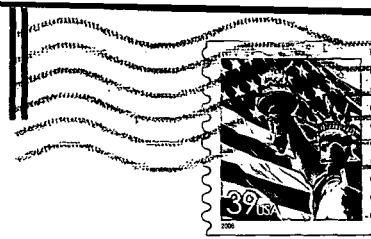
Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	51409	487903	643327		DOLPHIN FABRICARE	11637	\$50.00	710139	908603	802743	PFTF	
	51419		643470		KNOWLES PLASTICS	2421	\$100.00		908888	802888	PFTF	
Object Code 002272 Subtotal:							\$150.00					
002278	51409	487911	643335		CROSS CONSTRUCTION SERVICES, I	8621	\$400.00	51175	908620	802751	APCTF	
	51412	487999	643405		SUNRISE SYSTEMS OF BREVARD, IN	037962	\$200.00	51144	908730	802821	APCTF	
	51412	487999	643405		SUNRISE SYSTEMS OF BREVARD, IN	037962	\$200.00	51137	908731	802821	APCTF	
	51412	487999	643405		SUNRISE SYSTEMS OF BREVARD, IN	037962	\$200.00	51117	908732	802821	APCTF	
	51412	488012	643418		CROSS REMEDIATION, INC.	16770	\$400.00	51003	908745	802834	APCTF	
Object Code 002278 Subtotal:							\$1,400.00					
Cashlisting 72021 Total:							\$1,550.00					

*NO FEE DUE*

*REFUND REQ # 16998*

FORT MYERS FL 339

12 APR 2007 PM 6 T



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

472936 APR16 2007

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

REFUND DUE

Dup. PAYMENT

1<sup>ST</sup> PAYMENT REC'D 3/2/07  
Do NOT Remove Label

TOTAL AMOUNT DUE: \$75.00

REC'D  
APR 13 2007  
FED

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

AIRS ID#710139  
DOLPHIN FABRICARE INC  
7101-55 Cypress Lake Drive  
FT MYERS, FLORIDA 33907

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

4/20/07  
REFUND REQUEST # 15138

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.

470402 MAR 2 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#710139  
DOLPHIN FABRICARE INC  
7101-55 Cypress Lake Drive  
FT MYERS, FLORIDA 33907

✓

RECEIVED

MAR 07 2007

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

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
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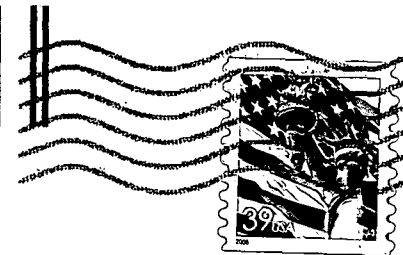
Bureau of Acquisition  
Mobile Source

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Dolphin  
7101-55 Cypress Lake Dr  
Ft Myers, FL 33907

FORT MYERS FL 339

28 FEB 2007 PM 1 T



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

32315+3070-70 8099

