

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 19, 2001

Mr. Louis Becker
Cache' Cleaners East
2638 Tamiami Trail East
Naples, Florida 34112

Re: Facility No.: 0210066-003

Dear Mr. Becker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 2001.

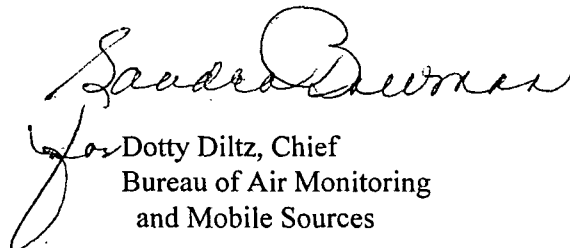
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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

Printed on recycled paper.

0210066-003

10/11/2001

Spoke with Louis Becher and he stated that the machine was originally purchased in month of 2000. He also stated that they had purchased no perc in 2 months.

page 15

1(a) Add 3/2000 for Date machine initially purchased from manufacturer.

2(a) Add # of gallons of perc purchased in past 12 months.

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

RECEIVED
SEP 17 2 11 PM
Bureau of Air Monitoring
& Mobile Sources

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):	BBWC INC - DBA CACHE' CLEANERS EAST		
2. Site Name (For example, plant name or number):	CACHE' CLEANERS - EAST		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	GULF GATE PLAZA		
Street Address:	2638 TAMiami TR. EAST		
City:	WAPLES FL	County:	COLLIER
		Zip Code:	34112
5. Facility Identification Number (DEP Use ONLY, do not fill in):	0210066-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	LOUIS BECKER	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	CACHE' CLEANERS EAST		
Street Address:	2638 TAMiami TR E		
City:	NAPLES FL	County:	COLLIER
		Zip Code:	34112
8. Responsible Official Telephone Number:			
Telephone:	(941) 775-0972	Fax:	() -

Facility Contact (If different from Responsible Official)

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

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 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"/> |

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.

LOUIS BECKER

Print name of responsible official

Louis Becker

Signature

8/20/01

Date

MAILED VIA

REG MAIL

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.

466378 DEC22 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 210066
BBWC INC
2638 Tamiami Trail E
NAPLES, FLORIDA 34112

V

Bureau of Air Monitoring
& Mobile Sources

DEC 27 2006

RECEIVED

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

Printed on recycled paper.

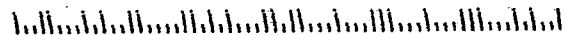
SAME DAY CLEANERS
883 Vanderbilt Beach Rd.
Naples, Florida 34108
Tel (239) 597-5976
Fax (239) 597-8363

FORT MYERS FL 33901
20 DEC 2006 PM 5 T



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

3231503070 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444751 JAN20 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# 210066 10
CACHE CLEANERS
2638 Tamiami Trail E
NAPLES, FL 34112

PLEASE
CHANGE
NAME
TO

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

Printed on recycled paper.

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Total ID# 210066
 LOUIS BECKER
 Z CLEANERS
 2638 TAMIAMI TRAIL EAST
 NAPLES, FL 34112

Sent To: _____
 Street, or PO: _____
 City, S: _____

PS Form 3800, June 2002 See Reverse for Instructions

0987 1595 5651 1380
 7003 2260 0003 5651 1380

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# 210066
 LOUIS BECKER
 Z CLEANERS
 2638 TAMIAMI TRAIL EAST
 NAPLES, FL 34112

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery
 2-6

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

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 type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 2260 0003 5651 1380

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 •

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

Bureau of Air Monitoring
and
Mobile Sources

FEB 9 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434449 DEC182003

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

Do **NOT** Remove Label

210066
LOUIS BECKER
Z CLEANERS
2638 TAMiami TRAIL EAST
NAPLES FL 34112

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

Bureau of Air Mail
& Mobile Services
RECEIVED
DEC 19 2003



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.

425656 MAR13 2003

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0210066

CACHE' CLEANERS-EAST
LOUIS BECKER
2638 TAMiami TRAIL EAST
NAPLES FL
34112

*NAME SHOULD
BE UNDER
Z CLEANERS
NOT CASH*

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

RECEIVED
MAR 17 2003
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414123 FEB14 2002

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

Do **NOT** Remove Label

AIRS ID# 0210066

CACHE' CLEANERS-EAST
LOUIS BECKER
2638 TAMiami TRAIL EAST
NAPLES FL
34112

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436576 FEB19 2004

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

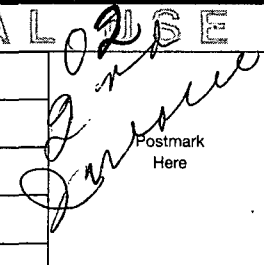
TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

ID# 210066
LOUIS BECKER
Z CLEANERS
2638 TAMiami TRAIL EAST
NAPLES, FL 34112

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>Postmark Here</i> 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
AIRS ID#0210066	
Sent To	CACHE' CLEANERS-EAST
Street, Apt. No., or PO Box No.	LOUIS BECKER 2638 TAMIAMI TRAIL EAST
City, State, ZIP+4	NAPLES FL 34112
PS Form 3800, Jan	

7001 0320 0001 7976 2753

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#0210066

CACHE' CLEANERS-EAST
LOUIS BECKER
2638 TAMIAMI TRAIL EAST
NAPLES FL
34112

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 2753

COMPLETE THIS SECTION ON DELIVERY

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

3-10-03

C. Signature

Louise Becker Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

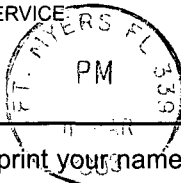
3. Service Type

- 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 •

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

MAR 13 2003

RECEIVED



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

7000 0520 0020 0200 9373 0480

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To		AIRS ID # 0210066
Re	CACHE' CLEANERS-EAST	mailer)
	LOUIS BECKER	
Stre	2638 TAMIAMI TRAIL EAST	
	NAPLES FL	
City	34112	

PS Form 3800, February 2000 See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE
 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 # 0210066
 CACHE' CLEANERS-EAST
 LOUIS BECKER
 2638 TAMIAMI TRAIL EAST
 NAPLES FL
 34112

2. Article Number (Copy from service label)

70000520002093730480

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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.

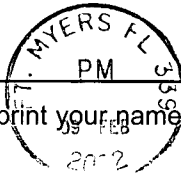
4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



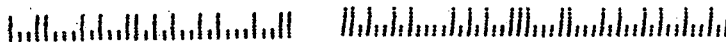
• Sender: Please print your name, address, and ZIP+4 in this box.

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION C510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Motor Sources

FEB 11 2002

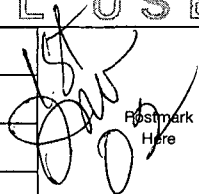
RECEIVED



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

OFFICIAL USE

7001 0320 0001 7976 5402

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

AIRS ID#0210066

CACHE' CLEANERS-EAST
 LOUIS BECKER
 2638 TAMIAMI TRAIL EAST
 NAPLES FL
 34112

Use 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:

CACHE' CLEANERS-EAST
 LOUIS BECKER
 2638 TAMIAMI TRAIL EAST
 NAPLES FL
 34112

AIRS ID#0210066

2. Article Number (Copy from service label)

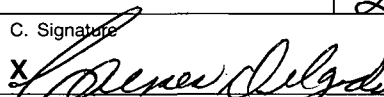
7001 0320 0001 7976 5402

COMPLETE THIS SECTION ON DELIVERY

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

2-7

C. Signature



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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

2399+2400

