



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 9, 2002

Mr. Walter Smallwood  
Mirror Cleaner  
21 North Pat Thomas Parkway  
Quincy, Florida 32351

Re: Facility No.: 0390037-002

Dear Mr. Smallwood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 5, 2002.

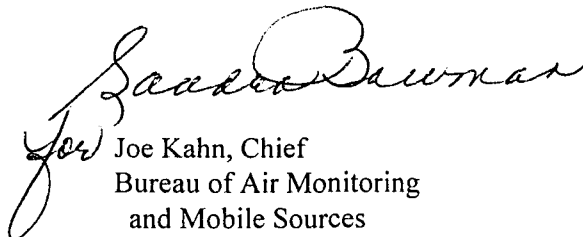
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

*Printed on recycled paper.*

8/12/02 called + left message for Mr. Smallwood. CRB fees Pd 97-01  
8/20/02 sent form for signature + resubmittal. soc 1  
compliance!

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.

RECEIVED  
AUG 05 2002  
Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MIRROR CLEANER	WALTER SMALLWOOD
2. Site Name (For example, plant name or number):	MIRROR CLEANER	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: Street Address:	21 North Pat Thomas Parkway	
City:	County:	Zip Code:
Quincy Fla	Gadsden	32351
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0390037-002	

Responsible Official

6. Name and Title of Responsible Official: Name:	WALTER SMALLWOOD	Title:	Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	21 North Pat Thomas Parkway Quincy Fla	County:	Gadsden
		Zip Code:	32351
8. Responsible Official Telephone Number: Telephone:	(850) 627-3750	Fax:	( ) -

Facility Contact (If different from Responsible Official)

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

RECEIVED  
AUG 05 2002  
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.

RECEIVED  
AUG 05 2002  
Bureau of Air Monitoring  
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Minkon Cleaner	Walter Smallwood
2. Site Name (For example, plant name or number):	Minkon Cleaner	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: Street Address:	21 North Pat Thomas Parkway	
City:	County:	Zip Code:
Quincy Fla	Gadsden	32351
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0390037-002	

Responsible Official

6. Name and Title of Responsible Official: Name:	Walter Smallwood	Title:	Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	Minkon Cleaner 21 North Pat Thomas Parkway		
City:	County:	Zip Code:	
Quincy Fla	Gadsden	32351	
8. Responsible Official Telephone Number: Telephone:	(850) 627-3750	Fax:	( ) -

Facility Contact (If different from Responsible Official)

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

RECEIVED  
AUG 05 2002  
Bureau of Air Monitoring  
& Mobile Sources



**Facility Information**

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

How many dry-to-dry machines do you have on-site? ONE

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")
<u>1-96-</u>	Existing/New	RC/CA/None required	<u>Same</u>
_____	Existing/New	RC/CA/None required	<u>Same</u>
_____	Existing/New	RC/CA/None required	<u>Same</u>

\*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? 0

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

180 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.*

Walter Smallwood

Print name of responsible official

Walter Smallwood

Signature

8-3-02

Date

RECEIVED  
AUG 28 2002  
Bureau of Air Monitoring  
& Mobile Sources



## 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.

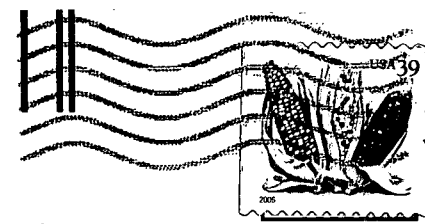
### Facility Contact

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.

Mirror Cleaners  
27 N. Pat Thomas Parkway  
Quincy, FL 32351

TALLAHASSEE FL 323

10 FEB 2007 PM 2 T



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

32315+3070-70 B099



**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.

468939 FEB12 2007

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#390037  
MIRROR CLEANERS INC  
21 North Pat Thomas Parkway  
QUINCY, FLORIDA 32351

Printed on recycled paper.

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2007

LIVE

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

445951 FEB 10 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# 390037 1stC  
MIRROR CLEANERS  
21 North Pat Thomas Parkway  
QUINCY, FL 32351

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

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RECEIVED  
FEB 15 2005  
Air Monitoring  
Mobile Sources

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457614 JAN 4 2006

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

**TOTAL AMOUNT DUE: \$50.00**

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390037 10  
MIRROR CLEANERS  
21 North Pat Thomas Parkway  
QUINCY, FL 32351

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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JAN 4 2006  
BUSINESS CENTER



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422000 JAN21 2003

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#0390037
MIRROR CLEANERS WALTER SMALLWOOD 21 NORTH ROBERTS STREET QUINCY FL 32351

FOR GOVERNMENT USE ONLY Org.: 9750101000 EO: A1 Fund: 20-035001 Obj.: 002273
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Bureau of Air Mail  
& Mobile Services

JAN 24 2003

Handwritten 'X' and other markings.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437648 MAR172004

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

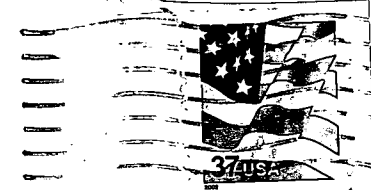
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 390037  
WALTER SMALLWOOD  
MIRROR CLEANERS  
21 NORTH ROBERTS STREET  
QUINCY, FL 32351

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

Mirror Cleaners  
21 N. Pat Thomas Parkway  
Quincy, FL 32351



General Permits Section  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee Florida  
32399-2400

32399+2400



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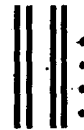
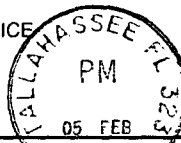
Total ID# 390037  
 WALTER SMALLWOOD  
 MIRROR CLEANERS  
 21 NORTH ROBERTS STREET  
 QUINCY, FL 32351

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1847

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           ID# 390037            WALTER SMALLWOOD            MIRROR CLEANERS            21 NORTH ROBERTS STREET            QUINCY, FL 32351         </div> <p>2. Article Number          (Transfer from service label)</p>	<p>A. Signature</p> <p><i>Mary [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Mary [Signature]</i> <span style="float: right;">12-5-04</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5651 1847</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

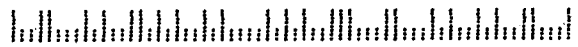


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USPS  
Permit No. G-10

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

DARWIN 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  
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2nd Ct  
Postmark Here  
2003

AIRS ID # 390037

WALTER SMALLWOOD  
MIRROR CLEANERS  
21 NORTH ROBERTS STREET  
QUINCY, FL 32351

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9584

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Althea Cessna</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Althea Cessna</i></p> <p>C. Date of Delivery  <i>3-5-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">AIRS ID # 390037</p> <p>WALTER SMALLWOOD  MIRROR CLEANERS  21 NORTH ROBERTS STREET  QUINCY, FL 32351</p> </div>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p style="font-size: large; font-weight: bold;">7003 0500 0004 0144 9584</p>
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

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

Bureau of Air, Mouniturn,  
& Mobile Sources

MAR 8 2004

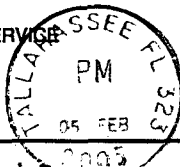
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<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & F	Postmark Here
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	AIRS ID# 390037 1stC MIRROR CLEANERS 21 North Pat Thomas Parkway QUINCY, FL 32351
PS Form 3800, June 2002	

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>AIRS ID# 390037 1stC          MIRROR CLEANERS          21 North Pat Thomas Parkway          QUINCY, FL 32351</p> <p>2. Article Number          (Transfer from service label)</p>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery          2-5-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7004 2510 0002 3939 0164	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS Form 3849  
Permit No. G-10

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BUR. 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

RECEIVED  
FEB 7 2005

