



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 27 2001

Mr. Robert Tommasini
Britton Plaza Cleaners
3834 South Dale Mabry Highway
Tampa, Florida 33611

Re: Facility No.: 0571055-002

Dear Mr. Tommasini:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 2001.

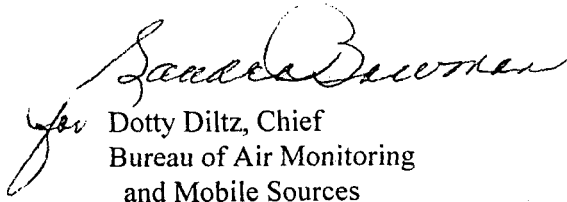
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
90C5
Compliance IN

0571055-002

p15

1(a) New should be circled under
Status

p16

4. New Machines at large area source
should be marked.

p17

Responsible official signs and date
for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

RECEIVED

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):	ROBERT & SHERYL TOMMASINI INC
2. Site Name (For example, plant name or number):	BRITTON PLAZA CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD984168203
4. Facility Location: Street Address: City: TAMPA County: HILLSBOROUGH Zip Code: 33611	3834 S. DALE MABRY HWY
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0511-1055-002

Responsible Official

6. Name and Title of Responsible Official: Name: ROBERT TOMMASINI Title: SR	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3834 S. DALE MABRY HWY City: TAMPA County: HILLS Zip Code: 33611	
8. Responsible Official Telephone Number: Telephone: (813) 839-4555 Fax: (813) 839-7625	

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: ()	

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")
7/95	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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".)

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? 1

For each boiler, indicate its horsepower (HP) rating: 25

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

RECEIVED

JUN 02 2001

NO 6/20/01 corrected

Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:
Bureau of Air Resources
& Mobile Sources

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.

ROBERT TOMMASINI

Print name of responsible official



Signature

6/17/01

Date

I DONOT WISH TO SURRENDER MY EXISTING
DEP AIR PERMIT



6/27/01

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0571055-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ROBERT TOMMASINI</i> Title: <i>SEC</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>3834 S. DALE MABRY HWY</i> City: <i>TAMPA</i> County: <i>HILLS</i> Zip Code: <i>33611</i>
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7/95	<u>Existing</u> /New	<u>RC</u> /CA/None required	SAME
_____	Existing/ <u>New</u>	RC/CA/None required	_____
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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).

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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) _____

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(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

RECEIVED

JUN 02 2001

NO
6/20/01
C.B.
corrected

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& Mobile

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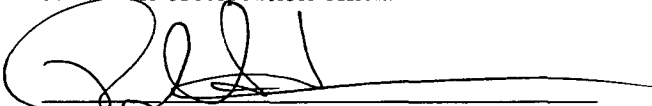
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I will promptly notify the Department of any changes to the information contained in this notification.

ROBERT TOMMASINI

Print name of responsible official



Signature

6/17/01

Date

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.

460237 MAR27 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 571055 1st
BRITTON PLAZA CLEANERS
3834 S Dale Mabry Hwy
TAMPA, FL 33611

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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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# 571055
ROBERT & SHERYL
TOMMASINI INC
3834 S Dale Mabry Hwy
TAMPA, FLORIDA 33611

Printed on recycled paper

Bureau of Air Monitoring
& Mobile Sources

DEC 19 2006

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

ROBERT & SHERYL TOMMASINI, INC.

Dept of Environmental Protection

12/13/2006

11666

50.00

Checking - AmSouth AIRS ID # 571055

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AS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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445783 FEB 9 2005

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FEB 10 2005
Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

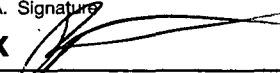
Do **NOT** Remove Label

AIRS ID# 571055 10
BRITTON PLAZA CLEANERS
3834 S Dale Mabry Hwy
TAMPA, FL 33611

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

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	AIRS ID# 571055 1stC	
Street	BRITTON PLAZA CLEANERS	
City	3834 S Dale Mabry Hwy	
	TAMPA, FL 33611	
PS Form 3800, June 2002		See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 571055 1stC BRITTON PLAZA CLEANERS 3834 S Dale Mabry Hwy TAMPA, FL 33611</p> </div> <p>2. Article Number (Transfer from service)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>
<p>7003 0500 0004 0144 7382</p>	

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Permit No. G-10

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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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FEB 9 2005

0001



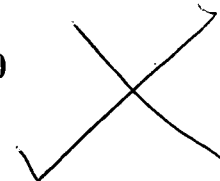


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436569 FEB192004

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



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571055
ROBERT TOMMASINI
BRITTON PLAZA CLEANERS
3834 S DALE MABRY HWY
TAMPA FL 33611

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

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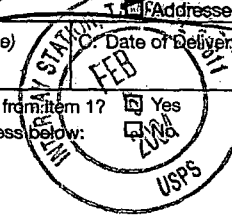
To ID# 571055
ROBERT TOMMASINI

Send **BRITTON PLAZA CLEANERS**

Street or P.O. **3834 S DALE MABRY HWY**

City **TAMPA, FL 33611**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 571055 ROBERT TOMMASINI BRITTON PLAZA CLEANERS 3834 S DALE MABRY HWY TAMPA, FL 33611</p> </div>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p> <p>C. <input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p style="text-align: center;">  </p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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.
<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.						
2. Article Number (Transfer from service label)	7003 2260 0003 5650 0858						

UNITED STATES POSTAL SERVICE



First-Class Mail
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Permit No. G-10

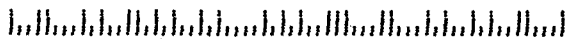
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421824 JAN15 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#0571055
BRITTON PLAZA CLEANERS ROBERT TOMMASINI 3834 S DALE MABRY HWY TAMPA FL 33611

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

RECEIVED
 JAN 21 2003
 Department of Air Monitoring
 & Mobile Sources

ROBERT & SHERYL TOMMASINI, INC. D/B/A BRITTON PLAZA & V.I.P. CLEANERS		09880
Vendor ID: FL	Name: Florida Dept of Environmental Protection	
	Check Date: 01/12/03	
	Check Amount: 50.00	
MEMO:		
	Airs ID# 0571055	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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412344 DEC28 2001

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

AIRS ID # 0571055
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ROBERT TOMMASINI
3834 S DALE MABRY HWY
TAMPA FL
33611

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

ROBERT & SHERYL TOMMASINI, INC. D/B/A BRITTON PLAZA & V.I.P. CLEANERS

09295

Vendor ID : FL

Name : Florida Dept of Environmental Protection

Check Date : 12/25/01

Check Amount : 50.00

MEMO:

AIRS ID # 0571055