

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 19, 2004

Mr. Ernest J. Berger
Bay Area Cleaners
16029 Tampa Palms Boulevard
Tampa, Florida 33647-2001

Re: Facility No.: 0571133-002

Dear Mr. Berger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 16, 2004.

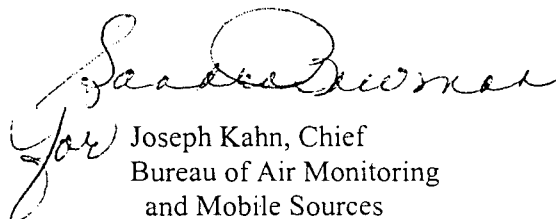
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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EMISSION FEE DATES ¹⁹⁷⁻²⁰⁰³.....
SOC REPORTS ⁴.....
COMPLIANCE STATUS ^{SNC (Pul) 9/23/2003}.....

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 16 2004
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):	BAY AREA CLEANERS
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	F.L.D. 980847271
4. Facility Location: Street Address: 5626 56TH COMMERCE PARK BLVD. City: TAMPA County: HILLSBOROUGH Zip Code: 33610	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571133-002

Responsible Official

6. Name and Title of Responsible Official: Name: ERNEST J. BERGER Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: BAY AREA CLEANERS Street Address: 16029 TAMPA PALMS BLVD. City: TAMPA County: HILLSBOROUGH Zip Code: 33647-2001	
8. Responsible Official Telephone Number: Telephone: (813) 977-5500 Fax: (813) 972-0303	

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")
RENZACCI-1988	Existing/New	RC/CA/None required	_____
AERO-TECH	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?

[150] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" 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? 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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

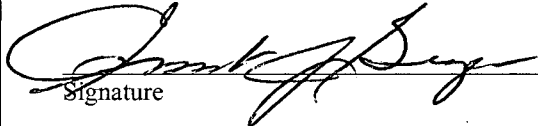
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

ERNEST J. BERGER
Print name of responsible official


Signature

Feb. 11, 2004
Date

Page 15

1. (a) Date Initially Purchased from Manufacturer should be indicated for Aero Tech dry-to-dry machine.
Add Date Control Device Installed for both dry-to-dry machines.

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.

458120 JAN172006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

571133 10
BAY AREA CLEANERS
5626 56th Commerce Park Blvd
TAMPA, FL 33610

R
R
JAN 17 2006
Bureau of Air Monitoring
& Mobile Sources

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

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AIRS ID#0571133.....2nd Cert 05

Sent To BAY AREA CLEANERS
5626 56th Commerce Park Blvd
TAMPA, FL 33610

Street, Apt. N
or PO Box N

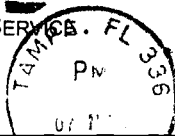
City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 6552

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery 3-7</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> <p>AIRS ID#0571133.....2nd Cert 05 BAY AREA CLEANERS 5626 56th Commerce Park Blvd TAMPA, FL 33610</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 6552</p>	

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

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MAR 9 2005

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 5626 56th Commerce Park Blvd
 TAMPA, FL 33610

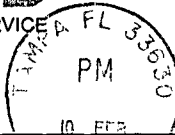
PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8587

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<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>A. Signature <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 571133 1stC BAY AREA CLEANERS 5626 56th Commerce Park Blvd TAMPA, FL 33610 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Trade Name)</p>	<p><input type="checkbox"/> Yes</p>

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Mail
& Motor Sources

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Total Postage & Fees	\$	

Sent To: AIRS ID# 571133 3rd Cert04
 BAY AREA CLEANERS
 Street, Apt. No.; or PO Box No. 5626 56th Commerce Park Blvd
 City, State, ZIP+4 TAMPA, FL 33610

PS Form 3800, 01

7004 2510 0002 3939 9235

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 dashed black; padding: 5px; margin: 10px 0;"> AIRS ID# 571133 3rd Cert04 BAY AREA CLEANERS 5626 56th Commerce Park Blvd TAMPA, FL 33610 </div> <p>2. Article Number</p> <p style="font-size: 0.8em;">(Transfer from service label)</p>	<p>A. Signature</p> <p style="font-size: 1.5em;"><i>[Signature]</i></p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4-12</u></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</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>7004 2510 0002 3939 9235</p> <p>PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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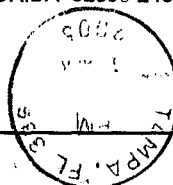
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
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Division of Air Monitoring
& Mobile Sources

APR 19 2005

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