

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 28, 2002

Mr. Stephen Szikszay  
Tampa Bay Wholesale Cleaners, Inc.  
5452-56<sup>th</sup> Commerce Park Boulevard  
Tampa, Florida 33610

Re: Facility No.: 0571143-002

Dear Mr. Szikszay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 24, 2002.

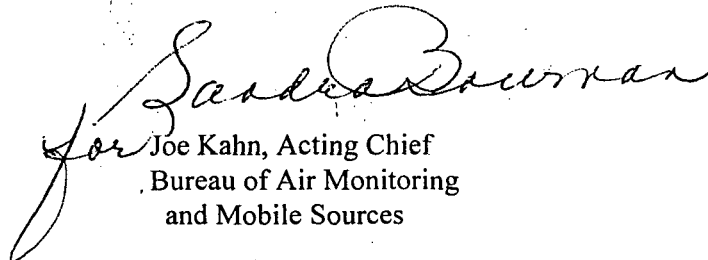
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
for Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

Fes Paid 97-01

SOC 4

Compliance MAC

0571143-002

Page 15

1(a) Existing should be circled under Status for 1988 machine. New should be circled under Status for 1994 machine.

Page 16

4. New machines at small area source should be marked for the 1994 machine.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

APR 24 2002

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):	TAMPA BAY WHOLESALE CLEANERS INC.
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD 982 169 930
4. Facility Location: Street Address: City: Tampa County: Hillsborough Zip Code: 33610	5452 56 <sup>th</sup> Commerce Park Blvd.
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0571143-002

Responsible Official

6. Name and Title of Responsible Official: Name: STEPHAN SZIKSZAY Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5452 56 <sup>th</sup> Commerce PK Blvd. City: Tampa County: Hillsborough Zip Code: 33610	
8. Responsible Official Telephone Number: Telephone: (813) 626-9661 Fax: (813) 628-9319	

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? [ 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")
<u>1988</u>	Existing/New	<u>RC</u> /CA/None required	<u>1992</u>
<u>1994</u>	Existing/New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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? [ 3 ] *NA*

How many dryers/reclaimers do you have on-site? [ 4 ] *NA*

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?

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

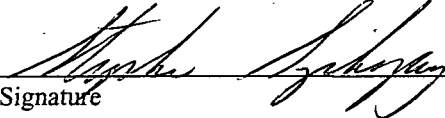
**Responsible Official Certification**

*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.*

STEPHAN SZIKSZAY

Print name of responsible official

 PRES.

Signature

4-23-01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423269 FEB 20 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#0571143  
TAMPA BAY WHOLESALE CLEANERS  
STEPHEN SZIKSZAY  
5452 56TH COMMERCE PARK BLVD  
TAMPA FL  
33610

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

RECEIVED  
FEB 26 2003  
Bureau of Air Monitoring  
& Mobile Sources



**TAMPA BAY WHOLESALE CLEANERS, INC.**

DEPT OF ENVIRONMENTAL  
PROTECTION

ID#0571143

2/14/03

2121

Misc:	50.00
Total:	50.00

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

**OFFICIAL USE**

7000 2870 0000 7027 5722

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total P<sub>c</sub>

AIRS ID#0571143

TAMPA BAY WHOLESALE CLEANERS

**Sent To** STEPHEN SZIKSZAY  
 5452 56TH COMMERCE PARK BLVD

**Street, Apt** TAMPA FL  
 33610

**City, State**

Postmark  
 Here

PS Form 3800, May 2000

See Reverse for Instructions

SEI

PLACE STICKER AT TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS  
 FOLD AT DOTTED LINE

**HIS SECTION ON DELIVERY**

- 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#0571143  
 TAMPA BAY WHOLESALE CLEANERS  
 STEPHEN SZIKSZAY  
 5452 56TH COMMERCE PARK BLVD  
 TAMPA FL  
 33610

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

C. Signature

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

2/7/03

Agent

Addressee

Yes

No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? *(Extra Fee)*

Yes

70002870000070275722  
 2. Article Number *(Copy from service label)*

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 18810  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2000

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32399/2400

