

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. Edward M. Thompson
Valet Cleaners, Inc.
4301 North 56 Street
Tampa, Florida 33610

Re: Facility No.: 0571169-002

Dear Mr. Thompson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 25, 2002.

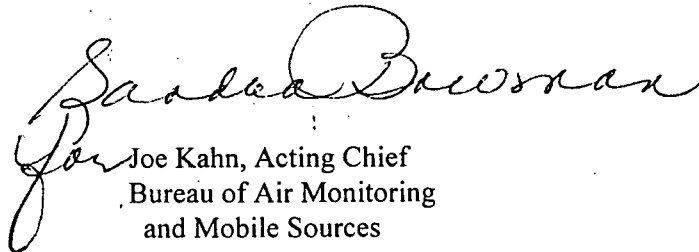
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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Fees Paid 97.01

SOC 3

Compliance IN

0571169-002

Page 15

1(a) New should be circled under Status for each machine.

Page 16

4. New machines at large area source should only be marked for 1994 & 1996 machine.

6(e) Required for all sources. Should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
APR 25 2002
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):	VALET CLEANERS, INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	FLCESD9 FAC ID 897801230 EPA Permit # 057-1169 ID# 299 501-431		
4. Facility Location:	Street Address: City: 4301 N. 56 th ST. TAMPA, FL. County: Hills, Zip Code: 33610		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571169-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: EDWARD M. THOMPSON Title: V. P.		
7. Responsible Official Mailing Address:	Organization/Firm: VALET CLEANERS, INC. Street Address: 4301 N. 56 th ST. City: TAMPA, FL. County: Hills, Zip Code: 33610		
8. Responsible Official Telephone Number:	Telephone: (813) 663-0647 Fax: (813) 664-0397		

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")
1996 - New	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
1997 - New	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

*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 <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

377 ~~372~~ 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: 5 10

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.

EDWARD M. THOMPSON
Print name of responsible official

Edward M. Thompson
Signature

4/23/02
Date

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.

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.

468281 FEB 2207

RECEIVED

TOTAL AMOUNT DUE: \$50.00

FEB 06 2007

Bur
& Do NOT Remove Label

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

AIRS ID# 571169
VALET CLEANERS INC ✓
4301 N 56th Street
TAMPA, FLORIDA 33610

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

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Valet Cleaners, Inc.
4301 N. 56th St
Tampa, FL 33610

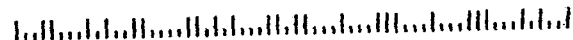
ST PETERSBURG FL 337

31 JAN 2007 PM 24



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

32315+3070-70 8099



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458783 FEB 9 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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571169 10
VALET CLEANERS
4301 N 56th Street
TAMPA, FL 33610

FEB 13 2006

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

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	AIRS ID#0571169.....2 nd Cert 05
Sent To	VALET CLEANERS
Street, Ap or PO Box	4301 N 56th Street
City, State	TAMPA, FL 33610

PS Form 3800, June 2002 See Reverse 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:

AIRS ID#0571169.....2nd Cert 05
 VALET CLEANERS
 4301 N 56th Street
 TAMPA, FL 33610

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *[Signature]* Date of Delivery *3/4/05*

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

2 Article Number (Transfer from service label) **7004 2510 0004 6986 6606**

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
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DU OF AN MONITOR
& MOBILE SOURCES

MAR 8 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448390 MAR 4 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# 571169 10
VALET CLEANERS
4301 N 56th Street
TAMPA, FL 33610

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

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Bu. & Mobile Sources
Air Monitoring

MAR 7 2005

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7004 2510 0004 6986 6590

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

Sent To	AIRS ID#0571169.....2 nd Cert 05
	VALET CLEANERS
Street, Apt or PO Box	4301 N 56th Street
City, State	TAMPA, FL 33610

PS Form 3800

Postage & Fees

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To **AIRS ID# 571169 1stC**
VALET CLEANERS
 4301 N 56th Street
 TAMPA, FL 33610

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP

PS Form 3800, June 2004

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# 571169 1stC
 VALET CLEANERS
 4301 N 56th Street
 TAMPA, FL 33610

2 Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Janelle M...* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Janelle M... 2-7

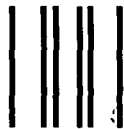
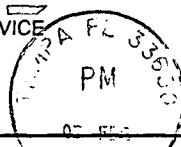
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3938 7065

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
2300 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32398-2400

SUBJECT: J1 Air Monitoring
Mobile Source

RECEIVED
FEB 9 2005

2339+6342





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435171 JAN12 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

571169
ED THOMPSON
VALET CLEANERS
4301 N 56TH STREET
TAMPA FL 33610

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

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JAN 15 2004
Bureau of Air Mobility
& Mobile Support



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421358 JAN 6 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

VALET CLEANERS EDWARD M THOMPSON 4301 N 56TH STREET TAMPA FL 33610	AIRS ID#0571169
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Bureau of Air Mail
& Mobile Services

JAN 08 2003

RECEIVED

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