

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 15, 2003

Mr. Patrick J. McSherry
McSherry's Dry Cleaner, Inc.
11612 North Dale Mabry Highway
Tampa, Florida 33618

Re: Facility No.: 0571190-002

Dear Mr. McSherry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 15, 2003.

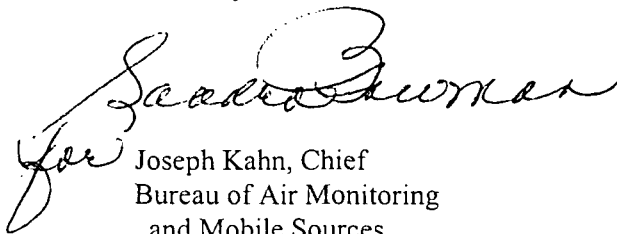
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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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pres 98-02

SOC \$

Comp IN

Page 15

(a) Date Control Device Installed for May 1997 dry-to-dry machine should be indicated in space provided.

Page 16

5. Mark appropriate fuel for boiler.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 15 2005
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): | MCSHERREYS DRY CLEANER INC. (MCSherrys Dry Cleaner, Inc.) |
| 2. Site Name (For example, plant name or number): | AS ABOVE |
| 3. Hazardous Waste Generator Identification Number: | ? |
| 4. Facility Location: MCSherrys Dry Cleaning, Inc. Street Address: 11612 North Dale Mabry City: TAMPA, County: Hillsborough Zip Code: 33618 | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0571190-002 |

Responsible Official

| | |
|---|--|
| 6. Name and Title of Responsible Official: Patrick J. McSherry Name: PATRICK J. MCSHERREY Title: PRES. | |
| 7. Responsible Official Mailing Address: Organization/Firm: MCSHERREYS DRY CLEANING INC. Street Address: 11612 N. DALE MADRY HWY. City: TAMPA, FL County: Hillsborough Zip Code: 33618 | |
| 8. Responsible Official Telephone Number: Telephone: (813) 265-8812 Fax: (X) - | |

Facility Contact (If different from Responsible Official)

| | |
|---|------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | MARGE MGR. |
| 10. Facility Contact Address: Street Address: 1305 E 127 AVE City: TAMPA County: HILLS. Zip Code: 33612 | |
| 11. Facility Contact Telephone Number: Telephone: (813) 977-2761 Fax: (X) - | |

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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") |
|--|----------------------|---------------------------------------|---|
| 5-16-97 | Existing/ <u>New</u> | <u>RC/CA/None</u> required | _____ |
| _____ | 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? [NONE]

How many dryers/reclaimers do you have on-site? [NONE]

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?

[60] gallons (You must fill this in)

(b) If less than 12 months, how many? [2] 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: 349

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) WATER

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
COULD NOT FIND - SENT IN MARCH 03 w/CHECK
- 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.

PATRICK J. McSHERRY
Print name of responsible official


Signature

July 9, 03
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.

469750 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#571190
MCSHERRYS DRY CLEANER INC
11612 N Dale Mabry Hwy
TAMPA, FLORIDA 33618

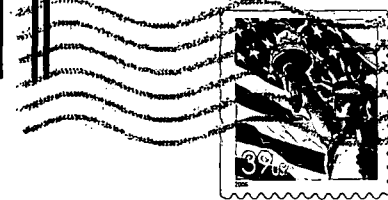
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

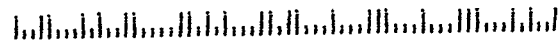
*McSherrys Dry Cleaner Inc.
11612 N. DALE MABRY HWY
TAMPA, FL 33618-3602*

TAMPA FL 33618
20 FEB 07 PM 4 L



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

32315-3070 8099



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. 459058 FEB 21 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 571190 1st
THE DRY CLEANER
11612 N Dale Mabry Hwy
TAMPA, FL 33618

Mobile Sources
FEB 22 2006
JUL 11 11 AM 10/10/06

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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7004 2510 0002 3939 1079

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|---|---|------------------|
| Postage | \$ | Postmark Here |
| - Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Post | AIRS ID#0571190.....2 nd Cert 05 | |
| Sent To | THE DRY CLEANER | |
| Street, Apt or PO Box | 11612 N Dale Mabry Hwy | |
| City, State | TAMPA, FL 33618 | |

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#0571190.....2nd Cert 05
 THE DRY CLEANER
 11612 N Dale Mabry Hwy
 TAMPA, FL 33618

2 Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Margaret Green

B. Received by (Printed Name) Date of Delivery

3-4

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 (in box) 7004 2510 0002 3939 1079

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

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

RECEIVED
MAR 7 2005
U.S. MAIL SERVICE
TALLAHASSEE, FLORIDA

0001



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448524 MAR 7 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#0571190.....2nd Cert 05
THE DRY CLEANER
11612 N Dale Mabry Hwy
TAMPA, FL 33618

FOR GOVERNMENT USE ONLY
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 Postage | | |

AIRS ID# 571190 1stC
 Sent To THE DRY CLEANER
 Street, Apt. No. 11612 N Dale Mabry Hwy
 or PO Box No. TAMPA, FL 33618
 City, State, ZIP

PS Form 3800, June 2002

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:

THE DRY CLEANER 571190
11612 N Dale Mabry Hwy
TAMPA, FL 33618

AIRS ID# 571215 1stC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x Margaret Greene Addressee

B. Received by (Printed Name) C. Date of Delivery
 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

2 Article Number
(Transfer from service label)

7004 2510 0002 3938 7263

BEST AVAILABLE COPY

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 •

BIOMOBILE SOURCE CONTROL PROGRAM
ENVIRONMENTAL PROTECTION
AGENCY
2800 GARDNER ROAD
TALLAHASSEE, FLORIDA 32309-2400

Created by Air Monitor
Mobile Source

FEB 16 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

436760 FEB 27 2004

TOTAL AMOUNT DUE: \$50.00

4

Do NOT Remove Label

ID# 571190
PATRICK MCSHERRY
THE DRY CLEANER
11612 N DALE MABRY HWY
TAMPA, FL 33618

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

Bureau of Air
& Mobile
Services

FEB 27 2004

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

Postmark Here
15th Oct

ID# 571190

Sent To: PATRICK MCSHERRY
 THE DRY CLEANER
 Street, or PO: 11612 N DALE MABRY HWY
 City, S: TAMPA, FL 33618

PS Form 3811, August 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

ID# 571190
 PATRICK MCSHERRY
 THE DRY CLEANER
 11612 N DALE MABRY HWY
 TAMPA, FL 33618

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Patrick A. McSherry

B. Received by (Printed Name) Date of Delivery

PATRICK A. MCSHERRY *2-16*

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 2260 0003 5651 2349

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 •

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

