

Department of Environmental Protection

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

Colleen M. Castille Secretary

July 24, 2006

Mr. Rafael A. Rodriguez Park Avenue Cleaners 10428 North Dale Mabry Tampa, Florida 33618

Re: Facility No.: 0571313-003

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 2006.

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

audo Duona

JK/jw

cc: Mr. Lynn Robinson, Hillsborough County

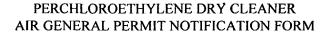
"More Protection, Less Process"

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CUMP. STATUS-SINC MINC II

EMISSION FEE DATES 2.0.5.
NO ACTIVITY FOR FACILITY.......
SOC REPORTS . 2......

INS p-Hillsburough Co-Alain Walson
Insp-Ins2-Compliance Insp. Wallethough
3/13/2006



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, age	ncy, o	r individ	ual owner):	
,	RAFDEL A. RODRIGUEZ				
2	Site Name (For example, plant name or number):				
۷.	- Site (value (1 or example, plant name or number).				
'	Park Avent CLEANERS				
3.	Hazardous Waste Generator Identification Number:				
				••	
1	Facility Location:				
4.	Street Address:			-	
				Zip Code: 33618	
, .	City: 10428 N. Dave Magey County: HILLSE		16H	33618	
5.	Facility Identification Number (DEP Use ONLY - do not fi	ll in):			
,	0571	3/	3	-013	
Res	sponsible Official				
	Name and Title of Responsible Official:		*		
Naı	ne: Rafael Rodriguez	Title:	~ :		
		-,,	OWN		
7.					
	Organization/Firm: PARK AVENUE CLEANERS Street Address: 10428 N. DALE MARRY				
	City: Tampa County: Hiras & Dear	c.u		Zip Code: 33618	
	IAMPA			33618	
8.	1		_		
	Telephone: (813) Z.A -0.A 6	Fax:	(813) 269 -0424	
Facility Contact (If different from Responsible Official)					
	Name and Title of Facility Contact (For example, plant man	nager)	:	· · · · · · · · · · · · · · · · · · ·	
	, (== ================================		-		
10.	Facility Contact Address:				
	Street Address:				
	City: County:			Zip Code:	
	County.			Esp Code.	
<u>J1.</u>	Facility Contact Telephone Number:				
	Telephone: () -	Fax:	() -	
	•				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY [2. 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** Status Control Device Required* Date Control Device Installed (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") 5/1/05 Existing New (RQ/CA/None required 5/1/03 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? [5 2] 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 machine [Unopened store [__] (date of expected opening _

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 X New machines at large area source Refrigerated condenser X 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?			
For each boiler, indicate its horsepower (HP) rating: [0] [2]			
What type of fuel do you use?			
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			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	7. Surrender	of Existing DEP Air Permit(s)
	Please indicate	te 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
	this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Simply notify the Department of any changes to the information contained in this notification.
1	Print nam	ne of responsible official

6783 votes Tores

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.

467404 JAN19207

PARK AVENUE 1.99 CLEANERS TOTAL AMOUNT DUE: \$50.00

10428 N. DALE MABRY HWY.
TAMPA, FL 33618

Do NOT Remove Label

AIRS ID# 571313 PARK AVENUE \$1.91

CLEANERS 10428 N Dale Mabry Hwy TAMPA, FLORIDA 33618

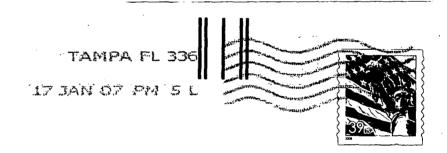
Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

PARK AVENUE 1.99 CLEANERS 10428 N. DALE MABRY HWY. TAMPA, FL 33618



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