

## Department of Environmental Protection

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

David B. Struhs Secretary

July 9, 2001

Mr. John R. Garrett Trophy Cleaners, Inc. Post Office Box 1084 Tyler, Texas 75710

Re: Facility No.: 1030300-002

Dear Mr. Garrett:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 5, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.



## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

December 17, 2003

Mr. John R. Garrett, President Trophy Cleaners, Inc. Post Office Box 1084 Tyler, Texas 75710

Dear Mr. Garrett:

Thank you for your December 9 letter notifying the department that your business Trophy Cleaners, Inc. (AIRS ID #1030300), is no longer operating a dry cleaning facility in Florida. The facility status for Trophy Cleaners, Inc., has been changed to inactive in the database.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the preceding year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that Trophy Cleaners, Inc., operated as a Title V general permit facility in 2003. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

cc: Matt McCann, Pinellas County

# PINELLAS COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT AIR QUALITY DIVISION

300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 33756

PHONE:

SUNCOM:

SUNCOM FAX:

FAX:

(727) 464-4422

(727) 464-4420

Surest of Ar Nobile Sources Monitorino

570-4422

570-4420

#### COMMISSIONERS

Karen Williams Seel, Chairman Susan Latvala, Vice-Chairman Calvin D. Harris, Commissioner John Morroni, Commissioner Robert B. Stewart, Commissioner Barbara Sheen Todd, Commissioner Kenneth T. Welch, Commissioner

December 30, 2003

Mr. Rick Butler Florida Department of Environmental Protection Twin Towers Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Re: Trophy Cleaners, Inc. - Rescindment of Permit No. 1030300-002-AG

Mr. Butler:

A letter was sent to the DEP dated December 9, 2003, from John R. Garrett, President of Trophy Cleaners, Inc., requesting the above permit be rescinded.

An inspection was performed on December 24, 2003, which verified, the dry-dry machines were removed from the facility.

Trophy Cleaners, Inc., has been removed from our active tracking files and inactivated in the ARMS system. Should you have any questions relative to this letter please call Jeff Morris at (727) 464-4422 or Suncom 570-4422.

Sincerely,

Gary Robbins, Environmental Program Coordinator

Air Quality Division

cc: PF (0300), RF

#### PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT AIR QUALITY DIVISION 300 SO. GARDEN AVE. CLEARWATER, FL 33756



Mr. Rick Butler
Florida Department of
Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400 01



### TROPHY CLEANERS, INC.

P. O. BOX 1084 TYLER, TEXAS 75710

PHONE: (903) 510-6517 FAX (903) 510-6542

DEC 1 6 2003 P.

Bureau of Air Monitoring

R. Mobile Sources

December 9, 2003

RECEIVED

DEC 15 2003

BUREAU OF AIR REGULATION

1

Title V Air General Permits Receipts P. O. Box 3070 Tallahassee, FL 32315-3070

Re:

Trophy Cleaners, Inc.

Title V Air I.D. Number: 1030300001 AG

Dear Department of Environmental Protection:

This letter will officially inform your agency that Trophy Cleaners, Inc. has ceased all operations as of November 26, 2003. As of that date, Trophy Cleaners, Inc. no longer operates any dry cleaning facility, equipment or drop store within the state of Florida or in any location. All of our equipment has been sold for removal from the premises.

If you have any further questions, please contact our office at AC (903) 510-6517.

Sincerely,

TROPHY CLEANERS, INC.

John R. Garrett, President

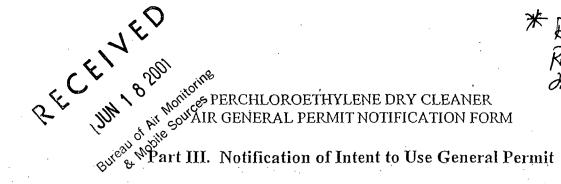
JRG/cs

xc: Pinellas County Dept. of Environmental Mgmt.

Air Quality Division 300 South Garden Avenue Clearwater, FL 33756 P.O. BOX 1084 TYLER, TX 75710







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	ency, or individual owner):
Trophy Cleaners, Inc.	•
2. Site Name (For example, plant name or number):	
Clearwater	·
3. Hazardous Waste Generator Identification Number:	
FLD 984248252	
4. Facility Location: Street Address: 2700 Culf to Pay Plyd	
Street Address: 2790 Gulf to Bay Blvd. City: Clearwater County: Pinel	las Zip Code: 34619
s Facility Identification Number (DEP Use ONLY - do not fi	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: John R. Garrett	Title: President
7. Responsible Official Mailing Address:	
Organization/Firm: Trophy Cleaners, Inc.	•
Street Address: P. O. Box 1084	7:- 0-1
City: Tyler, TX County: Smith	Zip Code: 75710
8. Responsible Official Telephone Number:	
Telephone: (903 ) 592 - 8509	Fax: (903 ) 592 - 2793
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant ma	anager):
Collogo Thomas Dlant Managan	
Colleen Thomas - Plant Manager  10. Facility Contact Address:	
Street Address: 2790 Gulf to Bay Blvd.	
City: Clearwater County: Pinellas	Zip Code: 34619
11. Facility Contact Telephone Number:	
Telephone: ( 727 ) 797 - 5255	Fax: (727 ) 725 - 8291
,	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

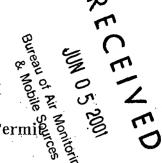
,	ACHINES ONLY	•	
How many dry-to-dry ma	chines do you hav	e on-site? 3 i	n service (1 not in servic
For each dry-to-dry macl	nine on-site, please	provide the following information	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1 <u>989 Renzacci (</u> 35)	Existing Nev	w (RC)CA/None required	Same
1996 Union L80	Existing (Nev	y) (RC)CA/None required	Same
1996 RealStar RS54	0 Existing Nev	w (RC/CA/None required	Same
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	n-site?	·
Date Initially Purchased		, please provide the following inf	omation:
From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
		<del>-</del>	(if already included at time of
	(circle one)	(circle one)	(if already included at time of
	(circle one)  Existing/New  Existing/New	(circle one)  RC/CA/None required	(if already included at time of
	(circle one)  Existing/New  Existing/New	(circle one)  RC/CA/None required  RC/CA/None required	(if already included at time of
	(circle one)  Existing/New  Existing/New  Existing/New	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	(if already included at time of
*CONTROL DEVICE K	(circle one)  Existing/New Existing/New Existing/New EX: RC = re	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfrigerated condenser  CA =	(if already included at time of purchase, write "SAME")
*CONTROL DEVICE K	(circle one)  Existing/New Existing/New Existing/New EX: RC = re	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser CA =	(if already included at time of purchase, write "SAME")
*CONTROL DEVICE K	(circle one)  Existing/New Existing/New Existing/New EX: RC = re	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser CA =	(if already included at time of purchase, write "SAME")
*CONTROL DEVICE K	(circle one)  Existing/New Existing/New Existing/New EY: RC = re	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser CA =	(if already included at time of purchase, write "SAME")
*CONTROL DEVICE K  2.(a) How much perchlo  [ 990 ] gallo  (b) If less than 12 mo	(circle one)  Existing/New Existing/New Existing/New EY: RC = re	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser	(if already included at time of purchase, write "SAME")  carbon adsorber  months?
*CONTROL DEVICE K  2.(a) How much perchlo  [ 990 ] gallo  (b) If less than 12 mo	(circle one)  Existing/New Existing/New Existing/New  EY: RC = re  roethylene (perc) I  rns (You must fill  nths, how many? [	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser	(if already included at time of purchase, write "SAME")

Indicate with an "X". Select one classification on	
Small Area Source	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source X	
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
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 [X]
5. A facility which contains non-exempt emissions u Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (	
All steam and hot water generating units exempt No such units on-site	[X] OR []
How many boilers do you have on-site? [2]	
For each boiler, indicate its horsepower (HP) rating:	[20_][30_][]
What type of fuel do you use?      propane     No. 2 fuel     No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log X
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring X
(e) Startup, shutdown, malfunction plan	

· -	
7 Cumanda	of Existing DEP Air Permit(s)
	ate 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	e Official Certification
l, the w this not stateme maintai comply	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in 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.
I, the w this not stateme maintai comply I will pi Johr	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in the nthe air pollutant emissions units and air pollution control equipment described above so as to

.

#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



# 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.

Fac	city Name and Location
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Trophy Cleaners, Inc.
2.	Site Name (For example, plant name or number):
	Clearwater
3.	Hazardous Waste Generator Identification Number:
	FLD 984248252
4.	
}	Street Address: 2790 Gulf to Bay Blvd.
	City: Clearwater County: Pinellas Zip Code: 34619
5.4	Eacility/Identification/Number-(DEP-Use ONLY - doinot fill in):
<b>建</b>	

Responsible Official 6. Name and Title of Responsible Official: Title: Name: John R. Garrett President Responsible Official Mailing Address: Organization/Firm: Trophy Cleaners, Inc. Street Address: P. O. Box 1084 Tyler, Texas County: Smith City: Zip Code: 75710 8. Responsible Official Telephone Number: Telephone: (903) 592-8509 Fax: (903 ) 592 - 2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

Colleen Thomas - Plant Manager

10. Facility Contact Address:

Street Address: 2790 Gulf-to-Bay Blvd
City: Clearwater County: Pinellas Zip Code: 34619

11. Facility Contact Telephone Number:
Telephone: (727 ) 797 - 5255 Fax: (727 ) 725 - 8291

Facility Information	:	•	·
1.(a) DRY-TO-DRY MA	CHINES ONLY		
How many dry-to-dry ma	chines do you have	e on-site? [3] (	in service) 1 not in service
For each dry-to-dry mach	ine on-site, please	provide the following informati	
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> 1989 Renzacc</u> i (3	5) Existing/Nev	RC/CA/None required	Same
<u>1996 Union L</u> 80	Existing/Nev	RC/CA/None required	Same
<u>1996 RealSta</u> r RS	640 Existing/Nev	v RC/CA/None required	Same
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	البـــا	
How many dryers/reclain	iers do you have o	n-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:  Date Control Device Installed
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 K	EY: $RC = re$	frigerated condenser CA	= carbon adsorber
2.(a) How much perchlo	roethylene (perc) l	nave you used within the last 12	months?
	ns (You must fill	this in)	
(b) If less than 12 more	nths, how many? [	] months	•
Check why it is le			eep records:
		New store: New machi	ne []
		Unopened store [] (date o	f expected opening)

and

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]  Refrigerated condenser  [X]
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  No such units on-site  OR
How many boilers do you have on-site? [2]
For each boiler, indicate its horsepower (HP) rating: [20] [30]
What type of fuel do you use?  [] propane [] No. 2 fuel oil [] No. 4 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

DEP Form No. 62-213.900(2) Effective: 7/24/00

	· ,					
-						
		•	•		· , ·	
7 Surren	der of Existing DEP	Air Permit(e)			•	
	dicate with an "X" t	• • • • • • • • • • • • • • • • • • • •	etion:			
	] I hereby surre	ender all existing Di on form; the permit	EP air permits a	uthorizing op	eration of the fa	acility indicated in
[	No DEP air p	ermits currently exi	st for the operat	ion of the fac	ility indicated in	n this notification
	ioini.					
Respons	ble Official Certific	cation				
I, the this i state mair comp	ble Official Certific nundersigned, am the notification. I hereb ments made in this n tain the air pollutar oly with all terms an	ne responsible officion by certify, based on notification are true not emissions units ar and conditions of this	information and accurate and a ad air pollution general permit	belief forme complete. Fu control equip as set forth in	d after reasonal rther, I agree to ment described a Part II of this t	ble inquiry, that the operate and above so as to notification form.
I, the this i state mair comp I wil	ble Official Certific nundersigned, am the notification. I hereb ments made in this nation the air pollutar oly with all terms and	ne responsible officion certify, based on motification are true not emissions units and conditions of this and Copartment of any	information and accurate and a ad air pollution general permit	belief forme complete. Fu control equip as set forth in	d after reasonal rther, I agree to ment described a Part II of this t	ble inquiry, that the operate and above so as to notification form.

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434986 JAN 62004 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

1030300 JOHN GARRETT TROPHY CLEANERS PO BOX 1084 **TYLER TX 75710** 

Bur July of Air Month FOR GOVERNMENT USE ONLY Org.: 375501010005 EO: A1 Fund: 20-2-035001

Obj.: 002273