



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 8, 2006

Mr. Bassam Musa  
Bristol Cleaners & Laundry  
120 107<sup>th</sup> Avenue  
Treasure Island, Florida 33706

Re: Facility No.: 1030316-003

Dear Mr. Musa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 31, 2006.

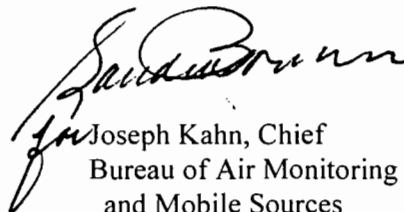
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

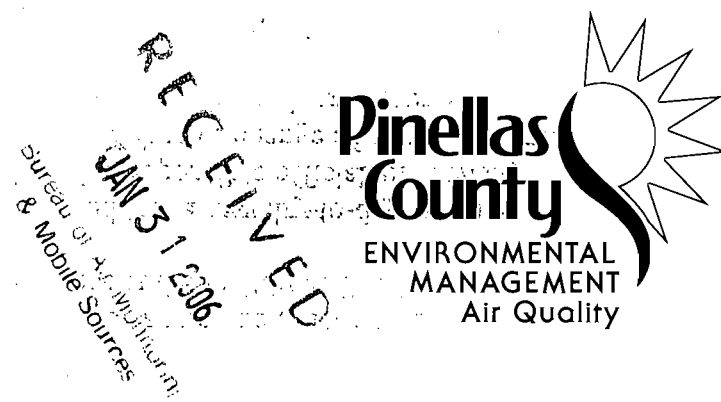
EMISSION FEE DATES 96-2004  
NO ACTIVITY FOR FACILITY.....  
SOC REPORTS 3.....  
COMPLIANCE STATUS IN.....  
10/28/2005 - TRPT

INSP - CR

8352 211  
7265 211

**BOARD OF COUNTY  
COMMISSIONERS**

Kenneth T. Welch - Chairman  
Ronnie E. Duncan - Vice Chairman  
Calvin D. Harris  
Susan Latvala  
John Morroni  
Karen Williams Seel  
Robert B. Stewart



January 25, 2006

Sandy Bowman  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Re: Bristol Cleaners, Inc., Treasure Isle. - 1030316-003-AG**

Ms. Bowman:

Enclosed is a Title V General Permit Notification for Bristol Cleaners, Inc., 120 107th Avenue, Treasure Isle, FL, 33706, which was collected from the owner of the facility in October.

During the annual inspection on October 5, 2005, it was found that a new dry-to-dry machine replaced an existing dry-to-dry machine as of June 2005. The responsible official and owner, Mr. Bassan Musa failed to submit an updated notification form for this change of equipment and resultant status change from an existing machine to a new machine at a small area source.

Additionally, please note that this new notification lists the owner as Bristol Cleaners, Inc., and the facility name as Bristol Cleaners & Laundry. ARMS currently lists the owner as Bristol Cleaners Express, Inc., and the facility name as Hughes Cleaners.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt McCann', is written over a circular stamp or seal.

Matt McCann, Environmental Program Manager  
Air Quality Division

cc: RF, PF (103 0316)  
Attachment: Form 62-213.900(2)

H:\USERS\WPDOCS\Airqual\Air\_Compliance\AQ\GPVNotLtr0316\_slj\_2005.doc

PLEASE ADDRESS REPLY TO:  
300 S. Garden Avenue  
Clearwater, Florida 33756  
Phone: (727) 464-4422  
FAX: (727) 464-4420  
TDD: (727) 464-4106  
Website: www.pinellascounty.org



PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 31 2006  
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 ~~Wash Cleaners dbx N+B Cleaners~~

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<del>DBA Bristol Cleaners, Inc.</del>
2. Site Name (For example, plant name or number):	<del>120 107th Ave</del> → Bristol Cleaners & Laundry
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 120 107th Ave City: Treasure Island County: Pinellas Zip Code: 33706	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030316-003

Responsible Official

6. Name and Title of Responsible Official: Name: Bassam Musa Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 120 107th Ave City: Treasure Island County: Pinellas Zip Code: 33706
8. Responsible Official Telephone Number: Telephone: (727) 360 2194 Fax: (N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same
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? [ 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")
6/15/2005	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required <input type="radio"/>	_____
_____	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? [ N/A ]

How many dryers/reclaimers do you have on-site? [ /A ]

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?

[ 125 ] 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

Multi-matic  
SL40 -  
QR104240661  
Serial #

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 Fulton

For each boiler, indicate its horsepower (HP) rating: 15

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.*

Bassam Musa  
Print name of responsible official

  
Signature

10/05/05  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 26, 2002

Mr. Bassam Musa  
Hughes Cleaners  
120-107 Avenue  
Treasure Island, Florida 33706

Re: Facility No.: 1030316-003

Dear Mr. Musa:

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

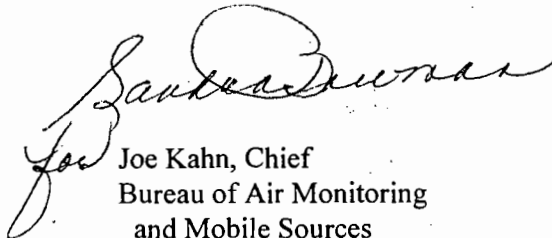
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.



1630316

**BEST AVAILABLE COPY**

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

**RECEIVED**  
JAN 22 2004  
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): BRISTOL CLEANERS EXPRESS, INC
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 120 - 107TH AVE City: TREASURE ISLAND County: PINELLAS Zip Code: 33706
5. Hazardous Waste Generator Identification Number: <b>1030316-003</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: BASSAM MUSA Title: PRESIDENT
7. Responsible Official Mailing Address: 120 - 107TH AVE Organization/Firm: Street Address: City: TREASURE ISLAND County: PINELLAS Zip Code: 33706
8. Responsible Official Telephone Number: Telephone: (727)360-2194 Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): N/A
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")
12/08/1991	Existing/New	RC/CA/None required	SANE
_____	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 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?**

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:  1  5  0

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

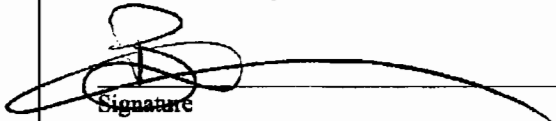
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

BASSAM MUSA  
Print name of responsible official

  
Signature

1/16/04  
Date

RECEIVED

OCT 24 2002

Bureau of Air Monitoring & Mobile Sources

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.

**Facility Name and Location** *N&B Cleaning Inc.*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>N&amp;B Cleaning Inc.</i>
2. Site Name (For example, plant name or number):	<i>D/B/A Bristol Cleaners &amp; Laundry</i>
3. Hazardous Waste Generator Identification Number:	<i>Hughes Cleaners</i>
4. Facility Location: Street Address: City: County: Zip Code:	<i>FLD 084182633</i> <i>120-107 Avenue</i> <i>Treasure Island Pinellas 33706</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>1030316-003</i>

**Responsible Official**

6. Name and Title of Responsible Official: Name: Title:	<i>Bassam Musa</i> <i>Pre.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	<i>120-107 Avenue</i> <i>Treasure Island</i> <i>Pinellas 33706</i>
8. Responsible Official Telephone Number: Telephone: Fax: ( ) -	<i>(727) 360-2194</i> ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):	<i>N/A</i>
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? [ 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")
<u>Dec-08-91</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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? [ 0 ]

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/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?

[ \_\_\_\_\_ ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 10 ] 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.

(Applying as a new ~~owner~~ owner)

**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.*

Bassam Musa  
Print name of responsible official

[Signature]  
Signature

9/18/02  
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

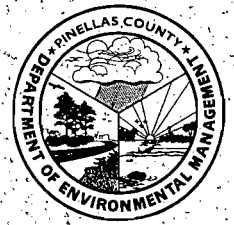
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, 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.



**PINELLAS COUNTY**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**AIR QUALITY DIVISION**  
 300 SOUTH GARDEN AVENUE  
 CLEARWATER, FLORIDA 33756



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 Kenneth T. Welch, Commissioner

PHONE: (727) 464-4422  
 FAX: (727) 464-4420  
 SUNCOM: 570-4422  
 SUNCOM FAX: 570-4420

October 18, 2002

Rick Butler  
 Bureau of Air Monitoring & Mobile Sources  
 Department of Environmental Protection  
 2600 Blair Stone Road  
 Tallahassee, Florida 32399-2400

**Re:** Title V General Permit Notification

Mr. Butler:

Enclosed is a Title V General Permit Notification for N & B Cleaning, Inc., DBA Bristol Cleaners & Laundry, Inc., 120 107th Avenue, Treasure Island, FL, 33706, which was recently collected while performing an annual inspection for the Title V General Permit Notification **1030316-002-AG** for Hughes Cleaners, DBA Bristol Cleaners & Laundry.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,

Matt McCann, Environmental Program Manager  
 Air Quality Division

cc: RF, PF (103 0316)

Bureau of Air Monitoring  
& Mobile Sources

OCT 24 2002

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 25 2004  
Bureau of Air Monitoring  
& Mobile Sources

*New Machines*  
Part III. Notification of Intent to Use General Permit

*Replaced 2 previous machines*  
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): <i>Fashion Cleaners</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1152 Court Street</i> City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>33756</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030316-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Michael Song</i> Title:
7. Responsible Official Mailing Address: Organization/Firm: <i>Fashion Cleaners</i> Street Address: <i>1152 Court St</i> City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>33756</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 461-1137</i> Fax: ( ) -

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>2002</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
<u>1996</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	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? [ 0 ]

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?**

[ \_\_\_\_\_ ] 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 [ X ]

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 type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" 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.*

MICHAEL SOBIE  
Print name of responsible official

Michael Sobie  
Signature

12/20/02  
Date  
1-12-04

PINELLAS COUNTY  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR QUALITY DIVISION  
300 SOUTH GARDEN AVENUE  
CLEARWATER, FLORIDA 33756

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SUNCOM: 570-4422  
SUNCOM FAX: 570-4420

RECEIVED  
FEB 25 2004  
Bureau of Air Monitoring  
& Mobile Sources

January 14, 2004

Rick Butler  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Re: Fashion Cleaners & Shirt Laundry, Inc. 1030318-002-AG**

Mr. Butler:

Enclosed is a new Title V General Permit Notification for Fashion Cleaners & Shirt Laundry, Inc., located at 1152 Court Street, Clearwater, FL 33756.

The facility had originally contacted Air Quality back in December 2002 and indicated that they intended to replace their existing machines with new machines. Subsequently, our staff scheduled an inspection at the facility and assisted the owner with the new notification form on December 12, 2002. During a recent inspection on January 9, 2004, it was determined that the owner had failed to follow through and mail this notification to you. The owner however followed all the requirements for a new small source and the source was in compliance during this interim.

If you have any questions concerning this mailing, feel free to contact me at Suncom 570-4422 or by E-mail at [mmccann@co.pinellas.fl.us](mailto:mmccann@co.pinellas.fl.us).

Sincerely,



Matt McCann, Environmental Program Manager  
Air Quality Division

cc: RF, PF (1030318-002)





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 437744 MAR 22 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

AIRS ID# 1030316

BASSAM MUSA  
 HUGHES CLEANERS  
 120 107TH AVENUE  
 TREASURE ISLAND, FL 33706

1030316

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A11  
 Fund: 20-2-035001  
 Obj.: 002273

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 HUGHES CLEANERS  
 120 107TH AVENUE  
 TREASURE ISLAND, FL 33706

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471539 MAR26 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

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AIRS ID#1030316  
 BRISTOL CLEANERS, INC  
 120 107th Ave  
 TREASURE ISLAND, FLORIDA 33706

FLAIR ACCT. CODE 372020850813755010000  
 BENEFITTING OBJECT CODE 002000  
 BENEFITTING CATEGORY 000200

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23 MAR 2007 PM 2 L



TITLE V - General Permit  
 Receipts  
 Post Office Box 3070  
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32315+3070-70 B099



Bureau of Air  
 & Mobile  
 MAR 3 11 007



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**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

HUGHES CLEANERS BASSAM MUSA 120 107TH AVENUE TREASURE ISLAND FL 33706	AIRS ID#1030316
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**TOTAL AMOUNT DUE: \$75.00**

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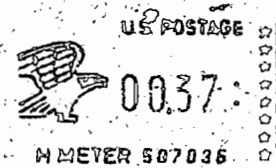
460169 MAR 23 2006

FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200
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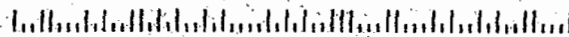
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DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
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Rick Butler  
Bureau of Air Monitoring & Mobile Sources  
Department of Environmental Protection  
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Tallahassee, Florida 32399-2400

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Street, Apt. 1 or PO Box N: **120 107TH AVENUE**

City, State, Z: **TREASURE ISLAND, FL 33706**

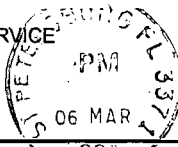
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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right; font-size: small;">AIRS ID # 1050316</p> <p><b>BASSAM MUSA</b>  <b>HUGHES CLEANERS</b>  <b>120 107TH AVENUE</b>  <b>TREASURE ISLAND, FL 33706</b></p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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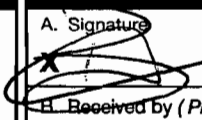
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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Division of Air Monitoring  
Tallahassee, Florida 32304

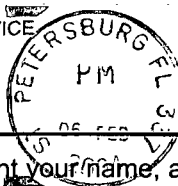
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Tot	ID# 1030316
<i>Sent</i>	BASSAM MUSA
<i>Street or P.O. Box</i>	HUGHES CLEANERS
<i>City</i>	120 107TH AVENUE
	TREASURE ISLAND, FL 33706
PS Form 3800, June 2002	

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2006

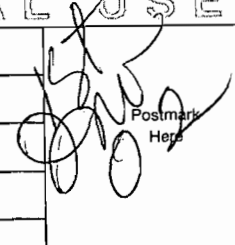


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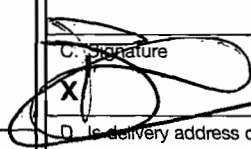
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 (Endorsement Required) \_\_\_\_\_  
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 Total \_\_\_\_\_

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AIRS ID#1030316

Sent To: HUGHES CLEANERS  
 BASSAM MUSA  
 Street, or PO: 120 107TH AVENUE  
 City, State: TREASURE ISLAND FL 33706

PS Form 3811, March 2001 Instructions

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PS Form 3811, March 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-01-M-1424</span>	

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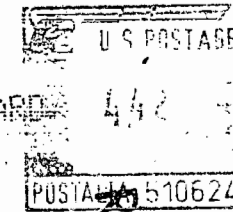
MS# 5510 MC Acct # 5594

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

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Bureau of Air Monitoring  
& Mobile Sources

APR 11 2005

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33706+4715 15 32399/2400

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<p>1. Article Addressed to:</p> <p>AIRS ID# 1030316 1stC                  HUGHES CLEANERS                  120 107th Ave                  TREASURE ISLAND, FL 33706</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>(Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7004 2510 0002 3938 7249</p> <p>Domestic Return Receipt 102595-02-M-15-01</p>

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

Sent To AIRS ID# 1030316 1stC  
 HUGHES CLEANERS  
 Street, Apt. No. or PO Box No 120 107th Ave  
 City, State, Zi TREASURE ISLAND, FL 33706

PS Form 3806

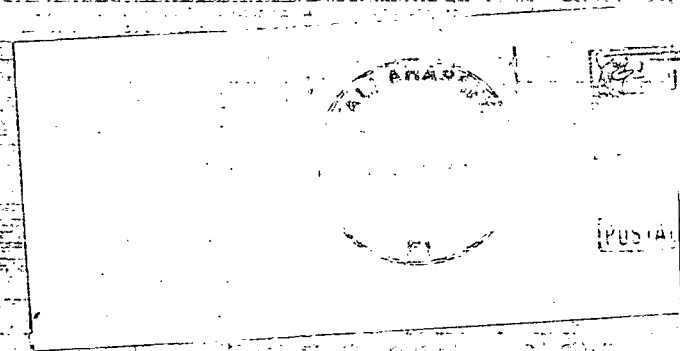
7004 2510 0002 3938 7249

Best Available Copy

MS 5510 MC Acct# 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

NO DELIVERABLE  
AS ADDRESSED  
UNABLE TO FORWARD



AIRS ID# 1030316  
HUGHES CLEANERS  
120 107th Ave  
TREASURE ISLAND, FL 33706

NO DELIVERABLE  
AS ADDRESSED  
UNABLE TO FORWARD

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Bureau of Air Monitoring  
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