

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 28, 2002

Ms. Barbara McCarthy
Sun Country Cleaners, Inc.
2240 - 34th Way North
Largo, Florida 33771

Re: Facility No.: 1030322-002

Dear Ms. McCarthy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 28, 2002.

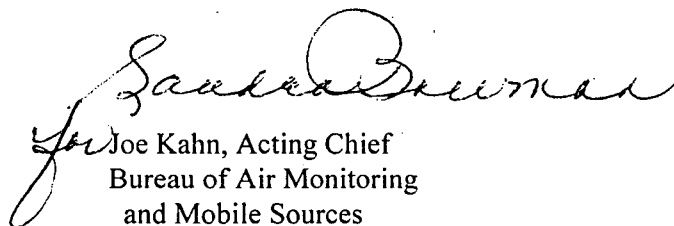
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

Fees Paid 96-01

SOC 3

Compliance IN

Sun Country Cleaners, Inc.
2240 34th Way North
Largo, FL 33771
(727) 535-9930

RECEIVED
FEB 20 2004
Bureau of Air Monitoring
& Mobile Sources

February 14, 2004

Sandy Bowman
General Permit Section
Bureau of Air Monitoring & Mobile Source, MS5510
Fla Dept of Env Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

February 16, 2004

RE: Addition of a New Dry Cleaning Machine

Dear Ms. Bowman;

This letter is to inform the Florida DEP that Sun Country Cleaners will be adding another dry cleaning machine to our facility in the near future. We have placed an order for a Columbia Twin 80 Mach2 Cleaning unit. Expected time of installation is within 90 days. If you need any future information please contact me at our main office (727) 535-9930.

Sincerely,



Barbara Mc Carthy
Sun Country Cleaners, Inc.

SUN COUNTRY Cleaners

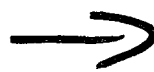
Family Owned and Operated Since 1980

Phone: (727) 535-9930

Fax: (727) 524-8509

www.suncountrycleaners.com

File



No need
to Inactivate

2240 34th Way N.

Largo, FL 33771

1030322

3/10/2010

RECEIVED

MAR 17 2010

Division of Air Monitoring
& Mobile Sources

F_DEP

Ms. Jennifer Farrell

Mr. Dickson Dibble

Air Quality, Pinellas County

Mr. Gary Robbins

Mr. Jeff Morris

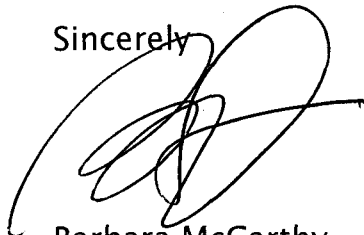
RE: Retiring Perc Machine and Replacing with HydroCarbon Machine

Sun Country Cleaners recently retired the Real Star #2 (01/1996) Perc machine. The machine is free of all solvent and filters and is in need of inspection from Air Quality, Pinellas County, prior to having removed from the premises.

The last date of use at Sun Country Cleaners was on February 23, 2010.

In place of this Perc machine, Sun Country Cleaners will be installing a Columbia 50# HydroCarbon machine. It is my understanding that this does not require an initial notification form. If this is not correct, please contact me at my office (727)-535-9930.

Sincerely,



Barbara McCarthy

Sun Country Cleaners

SUN COUNTRY
Cleaners

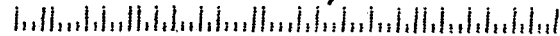
2240 34th Way N.
Largo, FL 33771

★ ★ ★
184
8811 \$ 00.44⁰ MAR 09 10
6907 MAILED FROM ZIP CODE 33771

UNITED STATES POSTAGE
Eagle logo

Mr. Dickson Dibble
F-DEP
Air Monitoring
2600 Blair Stone Rd
Tallahassee, FL
32399

3239999942 472



Air Resource Management System - Facility									
AREA		Office * SWPH SW: PINELLAS		County * PINELLAS		AIRS ID		ARMINV01 1030322	
Owner/Comp * SUN COUNTRY CLEANERS INC				Site SUN COUNTRY CLEANERS PRODUCTION PLA					
Directions									
Street 2240 34th Way N									
City * LARGO				Zip 33771 3961		Validate Address			
UTM Zone 17		East 327.45		North 3086.89		Latitude 27 53 44.5743		Longitude 82 45 11.1825	
Status * A ACTIVE		Maj Group SIC * 72 PERSONAL SERVICES							
Reloc: N		Shtdwn Dt		Strt Dt		Final Shtdwn Dt			
Gov Fac * 0 NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE				HAZ-Waste Generator ID: FLD 984174763					
AOR Req * N		Ozone SIP Facility * N		Type 10 PCE Drycleaning Facilities					
Compliance Tracking <input type="checkbox"/>				Current Permit Indicator AG					
Title V, TITLE V		non-HAP Class MINOR		HAP Class MINOR		Public Exempt			
# of Emis Units		C <input type="checkbox"/>		A <input type="checkbox"/>		I <input type="checkbox"/>		Generator Rating MW	
Comment 04/26/11-Spoke with Jeff Morris; facility replaced one perc machine, has two remaining.									

1030322-002

Page 15

(a) New should be circled under Status for all three machines.

Page 17

Responsible official sign and date for changes made.

This is our re-notification form. I was advised by Jeff Morris - Air Quality Pinellas County Not to send the permit fee.

D.E.P.
JUN 22 2001
Southwest District-Tampa

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Sun Country Cleaners, Inc.						
2. Site Name (For example, plant name or number):	Sun Country Cleaners, Inc.						
3. Hazardous Waste Generator Identification Number:	FLD 984174763	US EPA ID No.					
4. Facility Location: Street Address:	2240 34th Way North	City:	LARGO	County:	Pinellas	Zip Code:	33771
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030322-002						

Bureau of Air Monitoring
& Mobile Sources
JAN 28 2002

RECEIVED

Responsible Official

6. Name and Title of Responsible Official: Name:	Barbara McCarthy	Title:	general manager						
7. Responsible Official Mailing Address: Organization/Firm:	Sun Country Cleaners, Inc.	Street Address:	2240 34th Way North	City:	Largo	County:	Pinellas	Zip Code:	33771
8. Responsible Official Telephone Number: Telephone:	(727) 535-9930	Fax:	(727) 524-8509						

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: ()					

BEST AVAILABLE COPY

Facility Information

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

How many dry-to-dry machines do you have on-site? 3

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")
2/95	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
6/95	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
1/96	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same

*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? 0

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> 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?

789 gallons (You must fill this in) *As of June 1st*

(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: 80

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.

I have a Title V General Air Permit Currently in Renotification.

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.

BARBARA MCCARTHY

Print name of responsible official

[Handwritten Signature]

Signature

6/8/01

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

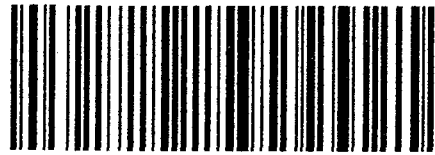
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300,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

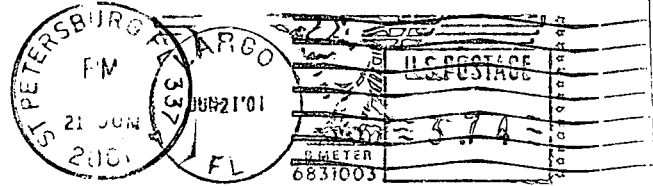
9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

CERTIFIED MAIL

SUN COUNTRY CLEANER
2240 - 34th WAY
LARGO, FLORIDA 33004



7000 0520 0020 8658 4595



RETURN RECEIPT
REQUESTED

Florida Dept of Environmental Protection
Southwest District Office
3804 Coconut Palm Drive
Tampa, FL 33619-8318

air

RETURN RECEIPT
REQUESTED

33619/1382

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436580 FEB19 2004

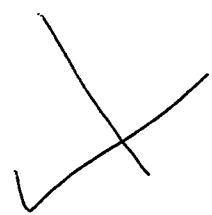
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

1030522
 BARBARA MCCARTHY
 SUN COUNTRY CLEANERS INC
 2240 34TH WAY NORTH
 LARGO FL 33771

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



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444970 JAN24 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# 1030322 10
 SUN COUNTRY CLEANERS INC
 2240 34th Way N
 LARGO, FL 33771

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

RECEIVED
 JAN 26 2005
 Bureau of Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423057 FEB172003

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

X

Do NOT Remove Label

AIRS ID#1030336
BAYOU CLEANERS SOO HWAN KIM 2812 ORANGE GROVE WAY PALM HARBOR FL 34684

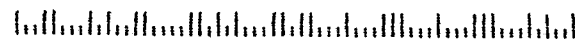
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

BAYOU CLEANERS
1073 S. PINELLAS AVE
TARPON SPRINGS, FL 34689
(727) 942-1734



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

32315+3070 33





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.

423068 FEB17 2003

TOTAL AMOUNT DUE: \$50.00

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FEB 19 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#1030322
SUN COUNTRY CLEANERS INC BARBARA MCCARTHY 2240 34TH WAY NORTH LARGO FL 33771

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458229 JAN19 2006

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

1030322 10
SUN COUNTRY CLEANERS INC 2240 34th Way N LARGO, FL 33771

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

THIS PORTION MUST BE ATTACHED

INSTRUCTIONS FOR PROPER HANDLING

467213 JAN 16 2007

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# 1030322 ✓
 SUN COUNTRY CLEANERS INC
 2240 34th Way N
 LARGO, FLORIDA 33771

Bureau of Air Monitoring
& Mobile Sources
 JAN 22 2007

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

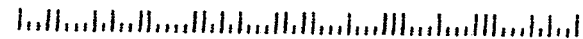
FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

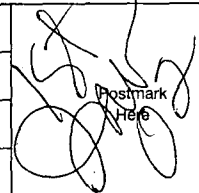
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 POSTAGE REQUIRED

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

32315+3070-70 B099



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post*	
AIRS ID#1030322	
Sent To	SUN COUNTRY CLEANERS INC
Street, Apt. or PO Box	BARBARA MCCARTHY 2240 34TH WAY NORTH
City, State	LARGO FL 33771
PS Form 38	Postmark Here

7001 0320 0001 7976 6829

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#1030322

SUN COUNTRY CLEANERS INC
BARBARA MCCARTHY
2240 34TH WAY NORTH
LARGO FL
33771

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
 Betty Garland 2/7/03

C. Signature Agent
 X Betty Garland Addressee

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

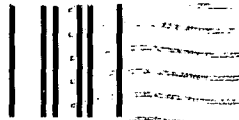
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*

7001 0320 0001 7976 6829

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
† ID# 1030322	
St	BARBARA MCCARTHY
St	SUN COUNTRY CLEANERS INC
or	2240 34TH WAY NORTH
Ch	LARGO, FL 33771
PS Form 3800, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Celso Chagoya</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Celso Chagoya</i> C. Date of Delivery <i>2/6/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 1030322 BARBARA MCCARTHY SUN COUNTRY CLEANERS INC 2240 34TH WAY NORTH LARGO, FL 33771</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 1140 0001 7556 2770</p>	

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 10 2004

RECEIVED

