

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 22, 2001

Mr. Gary Dawson
Belleair Bluffs Cleaners
2924 West Bay Drive
Belleair Bluffs, Florida 33770

Re: Facility No.: 1030325-002

Dear Mr. Dawson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 2001.

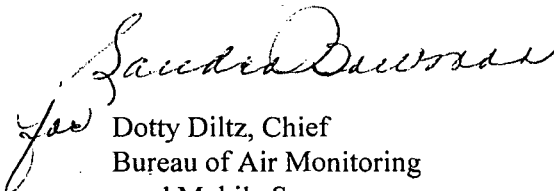
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Fees Paid 96-00

SOC 5

Compliance IN

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SEP 20 2 11 PM

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	G.J.G.B. inc		
2. Site Name (For example, plant name or number):	Belleair Bluffs Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 101868693		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	2924 WEST BAY DR	Belleair Bluffs	Pinellas 33770
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030325-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:			
	GARY DAWSON	President			
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
		2924 WEST BAY DR	Belleair Bluffs	Pinellas	33770
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(727) 585-1101	(727) 585-0278			

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?

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")
15-NOV 91	Existing/New	RC/CA/None required	SAME
_____	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?

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: 20

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

1030325001

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.

GARY R DAWSON

Print name of responsible official

[Signature]

Signature

9/18/01

Date

RECEIVED
OCT - 5 2000

Best Available Copy

Bureau of Air Monitoring
& Mobile Sources PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Division of Air Monitoring
& Mobile Sources

SEP 20 2000

RECEIVED

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): G.J.G.B. Inc
2. Site Name (For example, plant name or number): Belleair Bluffs Cleaners
3. Hazardous Waste Generator Identification Number: FLD 101868693
4. Facility Location: Street Address: 2924 WEST BAY DR City: Belleair Bluffs County: Pinellas Zip Code: 33770
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030325-002

Responsible Official

6. Name and Title of Responsible Official: Name: GARY DAWSON Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2924 WEST BAY DR City: Belleair Bluffs County: Pinellas Zip Code: 33770
8. Responsible Official Telephone Number: Telephone: (727) 585-1101 Fax: (727) 585-0278

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(NONE REQUIRED)

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Existing machines at large area source
Carbon adsorber
Refrigerated condenser

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- (d) Carbon adsorber exhaust perc concentration monitoring
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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 1030325001.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

[Handwritten initials]

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.

GARY R DAWSON
Print name of responsible official

[Handwritten Signature]
Signature

9/18/01
Date
9/24/01

BELLEAIR BLUFFS CLEANERS

Title V Air General Permits

1/28/2003

13852

50.00

Checking-Premier Comm. AIRS ID # 1030325

50.00



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.

422364 JAN 30 2003

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID#1030325
BELLEAIR BLUFFS CLEANERS
GARY R DAWSON
2924 WEST BAY DRIVE
BELLEAIR BLUFFS FL
33770

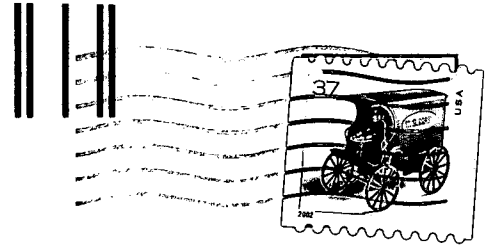
Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

RECEIVED

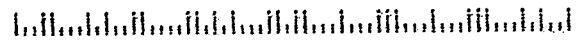
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

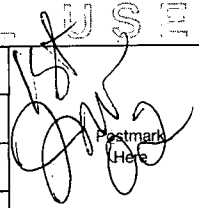
BELLEAIR BLUFFS CLEANERS
2924 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770



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

32315+3070 93



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 Postage	
AIRS ID#1030325	
Sent To	BELLEAIR BLUFFS CLEANERS
Street, Apt. 1 or PO Box No.	GARY R DAWSON 2924 WEST BAY DRIVE
City, State, Z	BELLEAIR BLUFFS FL 33770
PS Form 3800	

7001 0320 0001 7976 6645

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#1030325

BELLEAIR BLUFFS CLEANERS
GARY R DAWSON
2924 WEST BAY DRIVE
BELLEAIR BLUFFS FL
33770

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

Tammy Strack 2/7/03

C. Signature

Tammy Strack Agent
 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 6645

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 •

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

Division of Air Monitoring
& Mobile Sources

FEB 10 2003





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413394 JAN22 2002 X

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 # 1030325
BELLEAIR BLUFFS CLEANERS
GARY R DAWSON
2924 WEST BAY DRIVE
BELLEAIR BLUFFS FL
33770

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434300 DEC15 2003

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

1030325
GARY DAWSON
BELLEAIR BLUFFS CLEANERS
2924 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

RECEIVED
 DEC 17 2003
 Bureau of Air Monitoring
 & Waste Services