



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 30, 1997

Mr. Michael T. Grubbs
President
Pacer, Inc.
2300 9th Street North
St. Petersburg, Florida 33704

Re: Facility I.D. No. 1030345

Dear Mr. Grubbs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

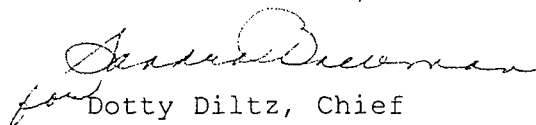
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Pacer, Inc.		
2. Site Name (For example, plant name or number):	Value Cleaners - 59M		
3. Hazardous Waste Generator Identification Number:	FLD 982 172 231		
4. Facility Location:	Street Address: 3163 5th Ave North City: St. Petersburg County: Pinellas Zip Code: 33713		
5. Facility Identification Number (DEP Use):	1030345 040348		

Responsible Official

6. Name and Title of Responsible Official:	Michael T. Grubbs		
7. Responsible Official Mailing Address:	Organization/Firm: Pacer, Inc. Street Address: 2300 9th Street North City: St. Petersburg County: Pinellas Zip Code: 33704		
8. Responsible Official Telephone Number:	Telephone: (813) 822-3159 Fax: (813) 822-1607		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Elizabeth Wisniewska		
10. Facility Contact Address:	Pacer, Inc. Street Address: 2300 9th Street North City: St. Petersburg County: Pinellas Zip Code: 33704		
11. Facility Contact Telephone Number:	Telephone: (813) 822-3159 Fax: (813) 822-1607		

RECEIVED

SEP 5 1996

#1030345

Valve Cleaners

- spoke with Elizabeth Wisniewska
10/4/96

p.13 6. add title - Owner
9. add title - Controller

p.14 3. should be new large area
source

p.15 4. should be new large area
source w/refrig. con.

5. (d) not required, mark out
"v" and initial

RECEIVED

NOV 1 1996

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
✓ (1) w/ ref. condenser	↓	8/95	2/95						
✓ (2) w/ carbon adsorber	↓	8/95	9/95						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source New small area source
 Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
 No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.



Signature

9/1/96

Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 8, 1997

Mr. Gerald Spire
3163 Fifth Avenue North
St. Petersburg, Florida 33613

Dear Mr. Spire:

On March 31, we received your request to transfer the ownership of AIRS ID #1030345 from Value Cleaners to Our Cleaners, Inc., at 3163 Fifth Avenue North, St. Petersburg. Thank you for notifying the Department of the change in business ownership. However, Rule 62-213, Florida Administrative Code, does not allow the transfer of a general permit.

A new AIRS ID number will be assigned to Our Cleaners with the submittal of a completed notification form. I am returning the incomplete notification form you previously submitted along with a new form. For proper processing and completion of your submittal, please complete pages 14 and 15 of the notification form and resign and date page 16.

If you have any questions concerning the completion of pages 14 and 15, please contact Marnie Brynes or me at 904/488-6140.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

/SB

Enclosures

cc: Henry Estevez
Marnie Brynes ✓

Date: 30/06/1997 9:57:15 AM
From: Margaret Hennis
Subject: Our Cleaners (formerly Pacer)
To: bowman_s

We received a copy of the TVgp for "Our Cleaners", and wanted to check with you to see whether or not you were aware that "Our Cleaners" (ARMS# 1030382), at 3163 5th Ave. N, St. Petersburg, was formerly owned and operated by Pacer with the ARMS# 1030345 assigned to it at the same address. Does DEP typically assign new ARMS #'s to facilities when they change ownership?

Thanks...


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9372 9750



BEST AVAILABLE COPY

 RETURNED TO SENDER

REASON CHECKED

Unclaimed - Refused _____
Attempted Unknown _____
Insufficient Address _____
No Such Number _____ Vacant _____
Moved Left No Address _____
No Receptacle _____
Fwd. Expired _____
Deceased _____
Do Not Permit in This Envelope _____

Rt _____
Carrier _____
Date _____

For files

10 AIRS ID # 1030345001AG
MICHAEL T GRUBBS
VALUE CLEANERS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

Bureau of Air Monitoring
& Mobile Sources

AUG 27 2001

RECEIVED

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7000 0520 0020 9372 9750

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Re 10 AIRS ID # 1030345001AG MICHAEL T GRUBBS St VALUE CLEANERS 2300 9TH STREET NORTH Ch ST PETERSBURG FL 33704		(mailer) Instructions

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:

10 AIRS ID # 1030345001AG
 MICHAEL T GRUBBS
 VALUE CLEANERS
 2300 9TH STREET NORTH
 ST PETERSBURG FL 33704

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input 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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
 7000 0520 0020 9372 9750

9

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259475 ✓

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

RECEIVED
MAIL ROOM

JAN 31 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

PACER INC
MICHAEL T GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

AIRS ID# 1030345

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

P 265 302 305

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 1030345

PACER INC
MICHAEL T GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/17/97

Is your RETURN ADDRESS completed on the reverse side? :

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1030345
PACER INC
MICHAEL T GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

4a. Article Number

P265 302 305

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-19-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: Addressee or Agent

X *George K. ...*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 241

US Postal Service
Receipt for Certified Mail

PACER INC
MICHAEL T GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

AIRS ID 1030345

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PACER INC
MICHAEL T GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

AIRS ID 1030345

4a. Article Number
Z 333 613 241

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-17-98

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.