



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 22, 2003

Mr. Ronald C. Quick
Harbor Cleaners
2180 North Hercules Avenue
Clearwater, Florida 34763

Re: Facility No.: 1030381-003

Dear Mr. Quick:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 20, 2002.

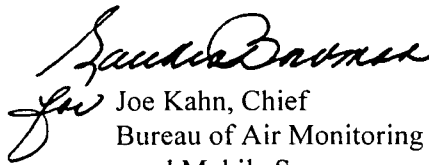
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

New Owner

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 20 2002
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): <i>Quick's Dry Cleaning Inc.</i>
2. Site Name (For example, plant name or number): <i>HARBOR Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i># (CESQG)</i>
4. Facility Location: <i>1969 Sunset Point Rd.</i> Street Address: City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>34765</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030381-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Ronald C. Quick</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>2180 N. Hercules Avenue</i> City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>33763</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 734-4445</i> Fax: <i>(727) 734-4445</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Same as above</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")
April 1990	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? [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/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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [2] months

Check why it is less than 12 months: New owner: [X] 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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? 1

For each boiler, indicate its horsepower (HP) rating: 10

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



Florida Department of Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
MAIL STATION 5510

David Struhs
Secretary

FAX TRANSMITTAL SHEET

DATE: 4/6/2003

From: MR. RONALD QUACK

PHONE: 727-734-4445

FAX: SAME

TO: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TITLE V GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message Please sign and return as soon as possible.

Thank you!

If there are any problems with this fax transmittal, please call the above phone number.

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

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RECEIVED
JAN 08 2003
Bureau of Air Monitoring
& Mobile Sources

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.

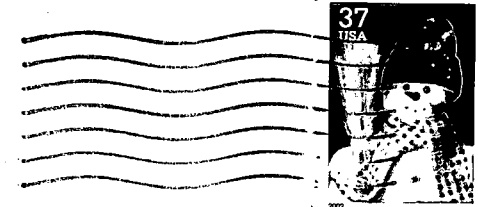
I will promptly notify the Department of any changes to the information contained in this notification.

* Ronald C. Quick
Print name of responsible official

* Ronald C. Quick
Signature

* 12-17-02
Date

N HERCULES CLEANER
2180 N Hercules Ave
CLWR FL 33763

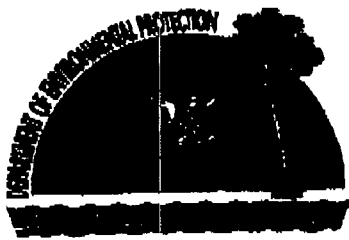


Florida Department of EPA
2600 Blair stone rd
Tallahassee, FL 32399-2400
Mail Station 5510

ATTN: Rick Butler

32399+2400





Florida Department of Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
MAIL STATION 5510

David Struhs
Secretary

FAX TRANSMITTAL SHEET

DATE: 1/6/2003
FROM: MR. RONALD QUICK
PHONE: 727-734-4445

FAX: SAME

TO: RICK BUTLER
FROM:

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TELETYPE GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message Please sign and return as soon as possible.

Thank you!

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& Mobile Sources

JAN 06 2003

RECEIVED

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I will promptly notify the Department of any changes to the information contained in this notification.

* Ronald C. Quick
Print name of responsible official

* Ronald C Quick
Signature

* 12-17-02
Date

TRANSMISSION VERIFICATION REPORT

TIME : 01/06/2003 14:57
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME : 01/06 14:56
FAX NO./NAME : 617277344445
DURATION : 00:00:38
PAGE(S) : 02
RESULT : OK
MODE : STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
MAIL STATION 6510

David Struhs
Secretary

FAX TRANSMITTAL SHEET

DATE: 1/6/2003
TO: MR. RONALD QUACK
PHONE: 727-734-4445

FAX: SAME

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TITLE V GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message

Al... .. Dept... .. on name as provided

7. Surrender of Existing DEP Air Permit(s)

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Responsible Official Certification

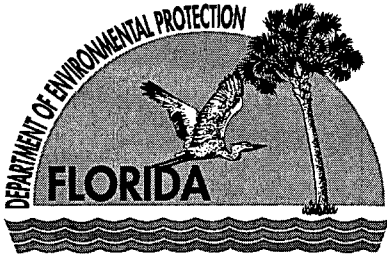
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I will promptly notify the Department of any changes to the information contained in this notification.

* _____
Print name of responsible official

* Ronald M
Signature

* 12-17-02
Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building

2600 Blair Stone Road
Tallahassee, Florida 32399-2400

MAIL STATION 6510

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 1/6/2003

TO: MR. RONALD QUICK

PHONE: 727-734-4445

FAX: SAME

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TITLE V GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message

Please sign and return as soon as possible.

Thank you!

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TRANSMISSION VERIFICATION REPORT

TIME : 01/06/2003 14:52
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 01/06 14:52
FAX NO./NAME 617277344445
DURATION 00:00:00
PAGE(S) 00
RESULT BUSY
MODE STANDARD

BUSY: BUSY/NO RESPONSE



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Department of
Environmental Protection

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Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
MAIL STATION 6510

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 1/6/2003
TO: MR. RONALD QUECK
PHONE: 727-734-4445 FAX: SAME
FROM: RICK BUTLER PHONE: 850-921-9586
Division of Air Resources Management FAX: 850.922.6979
RE: TELEVISION GENERAL PERMIT
CC: _____

Total number of pages including cover sheet: 2

Message

Please sign and return as soon as possible.

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: ID# 1030381

Sent To: RONALD QUICK
HARBOR CLEANERS
2180 N HERCULES AVE
CLEARWATER, FL 33763

Street, Apt. No., or PO Box No.
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9929

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:

ID# 1030381
RONALD QUICK
HARBOR CLEANERS
2180 N HERCULES AVE
CLEARWATER, FL 33763

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
RON QUICK 2/6/09

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

7003 2260 0003 5650 9929

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 11 2004

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32399+2400



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

7000 1670 0013 3108 8995

OFFICIAL USE

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

023
3ad
James
 Postmark Here

Total Pc **HARBOR CLEANERS**
 Sent To **ALBERT D BERRY**
 Street, Apt **2180 N HERCULES AVE**
 City, State **CLEARWATER FL 33763**

AIRS ID#1030381

PS Form 3800, May 2000

See Reverse for 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:

AIRS ID#1030381

HARBOR CLEANERS
 ALBERT D BERRY
 2180 N HERCULES AVE
 CLEARWATER FL
 33763

2. Article Number
99001670001331088995
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Therese Berry

B. Received by (Printed Name) *Therese Berry*

C. Date of Delivery *4-21-03*

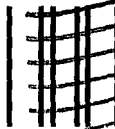
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

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

4: Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10610
2600 BLAKEMORE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 24 2003

RECEIVED



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.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

<p>HARBOR CLEANERS ALBERT D BERRY 2180 N HERCULES AVE CLEARWATER FL 33763</p>	<p>AIRS ID#1030381</p>
---	------------------------

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

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BEST AVAILABLE COPY

TRANSMISSION VERIFICATION REPORT

TIME : 01/06/2003 14:49
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME : 01/06 14:49
FAX NO./NAME : 617277344445
DURATION : 00:00:00
PAGE(S) : 00
RESULT : BUSY
MODE : STANDARD

BUSY: BUSY/NO RESPONSE



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Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
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TO: MR. RONALD QUICK
PHONE: 727-734-4445

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FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TELEVISION GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message

Please sign and return as soon as possible.