



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 10, 2002

Mr. John Alexander  
"Lazy Bee" Cleaners & Laundry  
8465 North 4 Street  
St. Petersburg, Florida 33702

Re: Facility No.: 1030408-002

Dear Mr. Alexander:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 8, 2002.

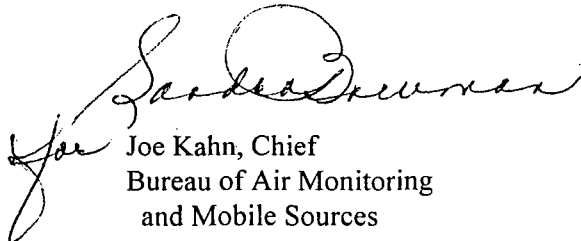
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

*Printed on recycled paper.*

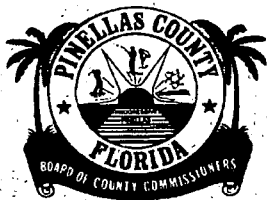
8/12/02 Called & left message for Mr. Alexander. CMB

8/20/02 Called & left message for Mr. Alexander. CMB 8:50A

Fees Pd 97-01

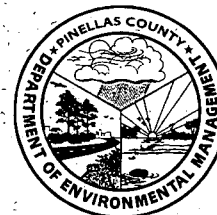
SOC 7

Compliance IN



**PINELLAS COUNTY  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**AIR QUALITY DIVISION**  
300 SOUTH GARDEN AVENUE  
CLEARWATER, FLORIDA 33756



COMMISSIONERS

Karen Williams Seel, Chairman  
Susan Latvala, Vice-Chairman  
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John Morroni, Commissioner  
Robert B. Stewart, Commissioner  
Barbara Sheen Todd, Commissioner  
Kenneth T. Welch, Commissioner

**RECEIVED**  
JUN 23 2003  
Bureau of Air Monitoring  
& Mobile Sources

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

June 18, 2003

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: Title V General Permit Notification 1030408-002-AG**

Mr. Butler:

Enclosed is a Title V General Permit Notification for Lazy Bee Dry Cleaning & Laundry, 8465 4th Street North, St. Petersburg, FL, 33702, which was recently collected.

The facility is under new ownership and a new corporate name.

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 0408)

Attachment: GPV Notification

## Bowman, Sandy

---

**From:** Jeff Morris [jmorris@co.pinellas.fl.us]  
**Sent:** Tuesday, June 10, 2003 2:57 PM  
**To:** Bowman, Sandy  
**Subject:** RE: Lazy Bee Dry Cleaners (1030408-002-AG)

The ownership will be retained in the family probably the father John Alexander. The son will be taking over as RO.

>>> "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us> 06/10/03 02:55PM  
>>>

The ownership is remaining the same correct? If not, we will need a new notification form. We have accepted either format.

-----Original Message-----

**From:** Jeff Morris [mailto:jmorris@co.pinellas.fl.us]  
**Sent:** Tuesday, June 10, 2003 2:33 PM  
**To:** Butler, Rick; Bowman, Sandy  
**Subject:** Lazy Bee Dry Cleaners (1030408-002-AG)

The facility's RO has signed over permanent RO responsibility to his son. Additionally, the facility has formed a corporation, "Lazy Bee, Inc., (dba Lazy Bee Dry Cleaners.

Does the facility need to complete a new notification or contact the Department in writing of the 2 changes under Part I: (3) Administrative Corrections?

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 08 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):		
JOHN ALEXANDER		
2. Site Name (For example, plant name or number):		
"LAZY BEE" CLEANERS + LAUNDRY		
3. Hazardous Waste Generator Identification Number:		
ID# 9501023		
4. Facility Location:		
Street Address:		
City:	County:	Zip Code:
SAINT PETERSBURG	PINELLAS	33702
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
1030408-002		

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Title:	
JOHN ALEXANDER	OWNER	
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:		
City:	County:	Zip Code:
8405-4TH ST. N	PINELLAS	33702
8. Responsible Official Telephone Number:		
Telephone: (727) 577-3114	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: ( ) -	

13  
2/24/99

1030408-002

Page 15

1(a) New should be circled under  
3 status for 1996 machines.

RC should be circled for Control  
Device Required on a 1996 machine  
add Date Control Device Installed.

Page 16

5. add horsepower of boiler

8/21/02

Spoke to Mr. John Alexander and he stated  
that he has a built in Refrigerated Condenser  
as a control device. He also stated the boiler is  
small and old.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_



**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")
1996	COVER and ABOVE ALL Requirements		
1996	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

**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".)

- |   |  |
|---|--|
| <u>Existing machines at small area source</u>   | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input type="checkbox"/>        | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>   | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/>            |
| 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:

*I DO NOT KNOW THE H.P.  
FOR HOT WATER ONLY.*

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

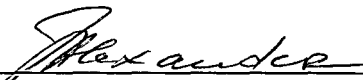
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

JOHN ALEXANDER  
Print name of responsible official

  
Signature

8-4-2002  
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

RECEIVED

AUG 08 2000

Bureau of Air Monitoring  
& Mobile Sources

#### 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.

## Section 1 Drycleaning Program Definitions

Drycleaning facilities and wholesale supply facilities that meet the definitions below and have operated during the calendar year 2001 are required to pay a registration fee of \$100 by December 31, 2001.

"Drycleaning facility" means a commercial establishment that operates or has at some time in the past operated for the primary purpose of drycleaning clothing and other fabrics utilizing a process that involves any use of drycleaning solvents. The term "drycleaning facility" includes laundry facilities that use drycleaning solvents as part of their cleaning process. The term does not include uniform rental companies and linen supply companies regardless of whether the facility was previously operated as a drycleaning facility.

"Wholesale supply facility" means a commercial establishment that supplies drycleaning solvents to drycleaning facilities.

"Drycleaning solvents" means any and all nonaqueous solvents used in the cleaning of clothing and other fabrics and includes perchloroethylene (also known as tetrachloroethylene) and petroleum-based solvents, and their breakdown products. For purposes of this definition, "drycleaning solvents" only includes those drycleaning solvents originating from use at a drycleaning facility or by a wholesale supply facility.

"Owner" means any person owning a drycleaning facility or wholesale supply facility. "Operator" means any person operating a drycleaning facility or wholesale supply facility, whether by lease, contract, or other form of agreement.

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## Section 2 Registration and Payment Instructions

Review all information in the Registration/Insurance Verification Section. If any facility information has changed or has been recorded incorrectly, submit a completed registration form with the new or corrected information. If any facility has transferred to new ownership, provide the name, address, and telephone number of the new contact. Remember to notify the DEP - Drycleaning Registration during the year whenever a facility closes, changes ownership, or moves to a new location. All new information submitted must be dated and signed by the facility owner.

Record your Customer Account ID & the Facility ID of each site for future reference. The customer account number identifies, for billing purposes only, the party responsible for payment of the registration fees. The facility ID number identifies individual drycleaning and wholesale supply facilities.

Complete the Registration/Insurance Verification section for each facility. If you respond to question 3b or 3c, no registration fee is required for that facility; however, you must complete the verification form(s) and return to the address below.

*Адреса за исправање*  
Return your payment by check or money order to: Department of Environmental Protection - Drycleaning Registration, P.O. Box 3070, Tallahassee, FL 32315-3070. Please write your Customer Account ID on your check.

If you do not agree with the charges, submit your written questions or information to the address above, or fax to: (850)414-1521.

\*\*\*\* Please submit payment by December 31, 2001 \*\*\*\*

*\$ 100*

Section 3 Registration/Insurance Verification

\*\*\*\*\*

Facility ID: 9501023

Facility Information: LAZY BEE LAUNDRY & DRY CLEANING

8465 4TH ST N

SAINT PETERSBURG, FL 33702-3609, County: PINELLAS

Facility Operator: JOHN ALEXANDER

Account Owner: 39235

ALEXANDER, JOHN

8465 4TH ST N

ST PETERSBURG, FL 33702

Attn: John Alexander

Facility Owner: 39235

ALEXANDER, JOHN

8465 4TH ST N

ST PETERSBURG

Attn: JOHN ALEXANDER

CH # 5195

Property Owner: 41323

COOPER, FRANK E

PO BOX 113

SAINT PETERSBURG

Attn: FRANK E COOPER

2001 Annual Fee: \$100.00

Adjustments: \$0.00

Payments: \$0.00

Total Charges: \$100.00

Balance Due: \$100.00

3a. Has third-party liability insurance been obtained for the facility listed above?

YES (Please complete the following)

NO

Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount of coverage: \_\_\_\_\_

Date coverage obtained: \_\_\_\_\_ Period of coverage: \_\_\_\_\_

3b. If the facility identified above did not operate as a drycleaning facility or wholesale supply facility (as defined in Section 1) during the calendar year 2001, provide the last date the facility operated as such: \_\_\_\_/\_\_\_\_/\_\_\_\_.

3c. If the facility identified above operated a business in 2001 that did not meet the definition of a drycleaning facility or a wholesale supply facility, indicate the type of business that was operated:

Dry Drop-off Facility

Retail clothing store

Uniform Rental or Linen Supply Facility

Laundry Facility with no use of drycleaning solvents

Other

\*\*\*\*\*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422007 JAN21 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

AIRS ID#1030408  
LAZY BEE CLEANERS & LAUNDRY  
JOHN ALEXANDER  
8465 4TH STREET NORTH  
ST PETERSBURG FL  
33702

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

~~Bureau of Air Monitoring  
& Mobile Sources~~  
JAN 24 2003  
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