

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 5, 2004

Mr. Bassam Toma  
R & R Cleaners  
840 A1A North, Suite 320  
Ponte Vedra Beach, Florida 32082

Re: Facility No.: 1090443-003

Dear Mr. Toma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 3, 2004.

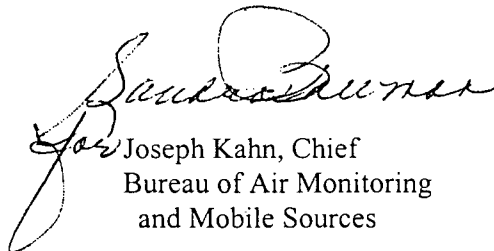
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 199-2002  
SOC REPORT ..... 5 .....  
COMPLIANCE STATUS IN .....

Page 15

1. (a) New should be circled under Status for 1999 dry-to-dry machines.

Page 16

4. New machines at small area source Refrigerated condenser should be marked for 1999 dry-to-dry machines using under 140 gallons of perchloroethylene.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 3 2004  
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): OSSP & Lassow INC.
2. Site Name (For example, plant name or number): RER CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 840 AIA North #320 City: Ponte Vedra Beach County: St. Johns County Zip Code: 32082
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1090443-003

Responsible Official

6. Name and Title of Responsible Official: Name: BASSAM TOMA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: (840 AIA North, Suite 320) Street Address: 840 AIA North #320 City: Ponte Vedra Beach County: St. Johns Zip Code: 32082
8. Responsible Official Telephone Number: Telephone: (904) 280-9562 Fax: (904) 280-9563

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Bassam Tom a
10. Facility Contact Address: Street Address: 840 AIA N #320 City: Ponte vedra Bch County: FL Zip Code: 32082
11. Facility Contact Telephone Number: Telephone: (904) 280-9562 Fax: (904) 280-9563

**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")
2/1999	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	2/1999
_____	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?

**EXISTING**

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 \_\_\_\_\_)



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.*

Bassam Toma

Print name of responsible official

BASSAM TOMA

Signature

01/31/04

Date

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage <b>7</b> AIKS ID # 1090443		

Postmark Here

*303*

**Sent To** MARTINIZING  
TIM BURTON

**Street, Apt. No., or PO Box No.** 840 A1A NORTH NO 320

**City, State, ZIP+** PONTE VEDRA BEACH, FL 32082

PS Form 3800, JUN 2001 A1150055

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">       AIKS ID # 1090443        MARTINIZING        TIM BURTON        840 A1A NORTH NO 320        PONTE VEDRA BEACH, FL 32082  <span style="float: right; font-size: 1.5em; font-family: cursive;">#1090443</span> </div>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>R. ISAM</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number        (Transfer from service label)</p>	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           7003 0500 0004 0144 4855         </div>	



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

APR 7 2004

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23309+0342



<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	<i>Receipt Postmark Here Jul - Sep 04</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 1090443001AG 10	
Se Si or C	MARTINIZING
	840 A1A North Suite 320
	PONTE VEDRA BEACH, 32082
PS Form 3800, June 2002	
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 # 1090443001AG 10  
 MARTINIZING  
 840 A1A North Suite 320  
 PONTE VEDRA BEACH, 32082

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0144 6088

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jennifer Burton*  Agent  
 Addressee

B. Received by (Printed Name)

*Jennifer Burton*

C. Date of Delivery

*7-7-04*

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

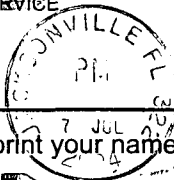
3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

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

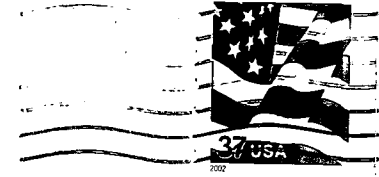
JUL 9 2004

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32399-2400



R&R Cleaners  
840 A1A North # 320  
Ponte Vedra Beach, FL 32082



General Permits section  
Bureau of Air Monitoring & Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399+2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

438322 APR 17 2004

TOTAL AMOUNT DUE: ~~\$75.00~~

50<sup>00</sup>

ATTN

RECEIVED  
APR 20 2004  
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

#1090443

AIRS ID# 1090443  
MARTINIZING  
TIM BURTON  
840 A1A NORTH NO 320  
PONTE VEDRA BEACH, FL 32082

SPOKE TO THOMAS ARSO

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: B1  
FUND: 20-2-035001  
OBJECT: 002273

\* SOLD BUSINESS \*