

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 4, 2001

Mr. Hassan A. Agemy  
Quality Plus Cleaners  
3798 Darston Street  
Palm Harbor, Florida 34685

Re: Facility No.: 0570367-002

Dear Mr. Agemy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 1, 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. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00

SOL 4

Compliance IN

**Quality+plus**  
**CLEANERS**

*Hass A. Agemy*

9945 RACETRACK RD. • TAMPA, FL 33626  
ph: 813-925-0900 • fx: 813-855-2626

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.

RECEIVED  
NOV - 1 2000  
Bureau of Air Monitoring  
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Agemy Family Corporation
2. Site Name (For example, plant name or number):	QUALITY PLUS Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 9945 RACETRACK RD. City: TAMPA County: Hillsborough Zip Code: 33626	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0570367-002

Responsible Official

6. Name and Title of Responsible Official: Name: Hassan A. Agemy Title: Vice President	
7. Responsible Official Mailing Address: Organization/Firm: Agemy Family Corporation Street Address: 3798 DARSTON street City: PALM Harbor County: Pinellas Zip Code: 34685	
8. Responsible Official Telephone Number: Telephone: (813) 925-0900 Fax: (813) 855-2626	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same as above
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? 2

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")
<u>Aug 1995</u>	Existing/ <u>New</u>	<u>RC/CA</u> /None required	<u>Same</u>
<u>July 2000</u>	Existing/ <u>New</u>	<u>RC/CA</u> /None required	<u>Same</u>
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?**

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

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 \_\_\_\_\_

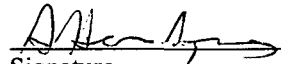
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Allie Hassan Agency  
Print name of responsible official

  
Signature

OCT 28 2001  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

BEST AVAILABLE COPY

420620 DEC13 2002

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#0570367  
QUALITY PLUS DRYCLEANERS  
HASSAN A AGENCY  
3798 DARSTON STREET  
PALM HARBOR FL  
34685

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

RECEIVED  
DEC 17 2002  
Bureau of Air Monitoring  
& Mobile Sources

434079 DEC10 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

570367  
HASSAN AGENCY  
QUALITY PLUS DRYCLEANERS  
3798 DARSTON STREET  
PALM HARBOR FL 34685

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

444498 JAN13 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 570367 10  
QUALITY PLUS DRYCLEANERS  
9945 Racetrack Road  
TAMPA, FL 33626

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

RECEIVED  
JAN 14 2005  
Bureau of Air Monitoring  
& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457134 DEC21 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

570367 10  
QUALITY PLUS DRYCLEANERS  
9945 Racetrack Road  
TAMPA, FL 33626

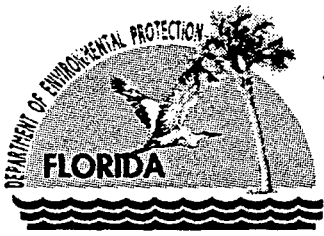
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

RECEIVED  
DEC 21 2005  
Bureau of Air Monitoring  
& Mobile Sources

Printed on recycled paper.





# Department of Environmental Protection

*Perms ID # 05170367  
Quality Plus Drycleaners  
TAMPA, FL.*

Jeb Bush  
Governor

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

Colleen M. Castille  
Secretary

December 6, 2006

*3755  
2273*

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year <sup>2007</sup>~~2006~~. For your facility to maintain its eligibility for the Title V Air General permit, Rule 62-213.300(3)(b), F.A.C., states "...the owner or operator of the facility must upon written notice from the Department submit payment of an annual operation fee in the amount of \$50.00. This invoice constitutes the Department's written notice as required under the general permit rule.

Any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dickson Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

*D. Dibble*

Sincerely,

*Sandra Veazey*

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

*4/18/07 - VERIFIED w/FACILITY ACCOUNTANT THAT THEY HAD PAID \$50.00 FOR "2007" FEE w/CHECK # 2021. HAD PREV. PAID 2006 FEE ON 1/8/07 w/ CK # 1604 - REFUND DUE.*

*DEBBIE HOLDRIDGE  
(813) 925-0900  
X 220*

SV/sb

Enclosure: Invoice Form

*REFUND REQUEST # 15132  
DATED: 4/19/07*

"More Protection, Less Process"

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# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

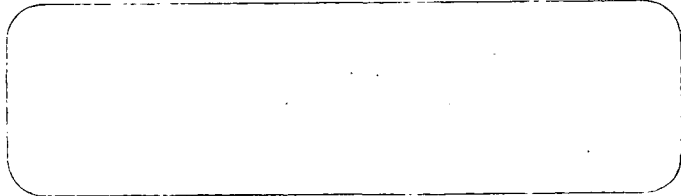
**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

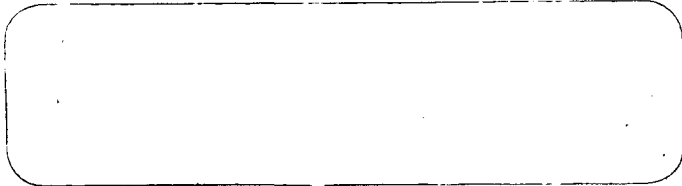
**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

(CUT HERE)

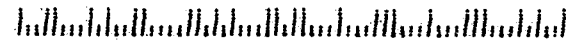
*ATRS ID # 05703617*



TAMPA FL 335  
09 APR 07 PM 4 T



32315+3070



Quality Plus Dry Cleaners  
9945 Racetrack Road  
Tampa, FL 33626  
(813) 925-0900

BEST AVAILABLE COPY

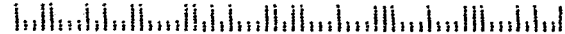
TAMPA FL 336

05 JAN 2007 PM 8 L



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

323153070 BO99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466852 JAN 8 2007

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

*PERMIT EXPIRED: 12/2/2006*  
*SUBMITTED: 11/1/2001*

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 570367  
AGEMY FAMILY  
CORPORATION  
9945 Racetrack Road  
TAMPA, FLORIDA 33626



Bureau of Air Mailroom  
& Mobile Services

JAN 17 2007

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*R/SO HASSAN Agemy (813) 925-0900*

Printed on recycled paper.

*1/11/07-LEFT MESSAGE - 17:00 hrs*