

# Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

March 10, 2008

Mr. Awad Hassan Fabricare Cleaners 13541 North Florida Avenue Tampa, Florida 33613

Re: Facility No.: 0571056-003

Dear Mr. Hassan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 4, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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.

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Lynn Robinson, Hillsborough County

INSP-INS 2 - Compliance Inspection Walkthrough - 4/33/2007. IN INSP-Hills borong hoo - L Robinson

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### 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.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Boy Fabricare cleaners + Loundry Inc.	
2. Site Name (For example, plant name or number):	7
FABRICARE CLEANERS	
3. Hazardous Waste Generator Identification Number:	٦
FLD061438396	
4. Facility Location: 1354/ N. FLOTIDA AVE	$\Box$
Street Address: City: TAMPA PL County: Hills boses & Zip Code: 33613	
City: 14701611 / E county, 17711207048. Suprode. 33 6 3	
	要,
Responsible Official US71056-06	1
6 Name and Title of Responsible Official:	
Name: AWAD HASAN Title: PRESdent	
	_
7. Responsible Official Mailing Address: Organization/Firm:	
Organization/Firm: SAME AS A BOJE Street Address:	
City: County: Zip Code:	
	_
8. Responsible Official Telephone Number:	.
Telephone: (813) 961-6423 Fax: (813) 969-0964	-
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	7
MAFAR Adam	
I 10 Famility Contact Address:	$\dashv$
SAME AS ABOVE,	
Street Address:	İ
City: County: Zip Code:	
11 English, Contact Telephone Number	_
11. Facility Contact Telephone Number: Telephone: ( ) - G	-
SAME	1

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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### Facility Information

I'(a) DKX-10-DKX MT	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following informati	on:
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")
3-1-03	Existing/No	w ROCA/None required	SAME CAME
12-11-07	Existing No	RC/CA/None required	SAME
	Existing/Ne	ew RC/CA/None required	<del></del>
*CONTROL DEVICE K		efrigerated condenser CA =	= carbon adsorbcт
l.(b) TRANSFER MAC		- 0 -	
How many washers do yo			
How many dryers/reclain	ers do you have o	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	I from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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")
AMAGENT RIPO	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	/ <del>p</del>
	Existing/New	RC/CA/None required	
CONTROL DEVICE K			= carbon adsorber
	roeinyiene (perc) ns (You must fil)	have you used within the last 12 this in)	months?
(b) If less than 12 mor	ths, how many?	] months	
Check why it is les	s than 12 months	: New owner: [] Did not ke	ep records: []
-		New store: [] New machin	•
		Unopened store [] (date of	
DEP Form No. 62-213.90 Effective: 2/24/99	90(2)	15	

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".)					
Existing machines at small area source (NONE REQUIRED)					
Existing machines at large area source Carbon adsorber Refrigerated condenser  [ ] Refrigerated condenser  [ ] Refrigerated condenser  [ ] Refrigerated condenser  [ ] Refrigerated condenser					
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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  No such units on-site  OR					
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating: [] []					
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 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					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					

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7, Guitendor of Existing P	ATT ATT CHINGS		
Please indicate with an "X	C' the appropriate selection:		
this notifie	eation form; the permit number(s	mits authorizing operation of the facility s) are	
Responsible Official Cer	tification		
this notification. I he statements made in th maintain the air pollu comply with all terms I will promptly notify	reby certify, based on information is notification are true, accurate that emissions units and air poll and conditions of this general p	ined in Part II of this form, of the facility on and belief formed after reasonable in e and complete. Further, I agree to ope lution control equipment described above permit as set forth in Part II of this notif. to the information contained in this not.	nguiry, that the trate and ve so as to licution form.
Signature Signature		1-31-08 Date	

DEP Form No. 62-213.900(2) Effective: 2/24/99

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# EUREDU OF AIR MOTHOTINE

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.

Fac	Facility Name and Location					
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
7	BAY FABRICARE cleaners + Laundry Irc.					
2.	Site Name (For example, plant name or number):					
	FABRI					
3.	Hazardous Waste Generator Identification Number: FLD 006438396					
4.	Street Address: Tampa FL 33613 City: County: 1/s.	Zip Code:				
5.	Facility Identification Number (DEP Use ONLY - do not fill in):					
	ponsible Official					
	Name and Title of Responsible Official:					
Nan	ne: AWAD HASAN Title: PG	· S ,				
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:  #Same As above					
	City: County:	Zip Code:				
8.		)969 -096Y				
Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):					
	Adam matar					
10.	Facility Contact Address:					
	Street Address: AS Above,					
	Street Address: City: County:	Zip Code:				
11	Facility Contact Telephone Number:					
11.	Telephone: ( ) - Specific Fax: (	) -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Facility Information**

1.(a) DRY-TO-DRY MACHINES ONLY [2, 1]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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") CA/None required existing New Existing/New 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? • [225] 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 [ ]

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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".)					
Existing machines at small area source (NONE REQUIRED)  []  New machines at small area source Refrigerated condenser  []					
Existing machines at large area source Carbon adsorber Refrigerated condenser  [ ] 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 (see attached memo for the criteria).					
All steam and hot water generating units exempt No such units on-site  OR					
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating: [20] [25]					
What type of fuel do you use?  [] propane [] No. 2 fuel oil [] No. 4 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 [X_]					
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Effective: 2/24/99

# RECEIVED WW 30 2006 Bureau of Air Monitoring & Mobile Sources

### 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.

Facility Name and Location		
1. Facility Owner/Company	Name (Name of corporation, agency, or individual	
l'	Ecleaners + Laurdy Irc	
2. Site Namo (For example, )	lant name or number):	
FABR.		
3. Hazardous Waste General	r Identification Number:	
FLD000	438396	
4. Facility Location: 13:	541 N' Florida Ave	
Street Address: 1as	141 N. Florida Ave rpa FL 33613 Zij	p Code:
mme Bland Billion and regality. Billion is explained by the Medical Advantage of the majority despective plant		$\Lambda \Gamma - 1\lambda C$
Responsible Official		115
6. Name and Title of Respon	sible Official:	
Name: AWAI) W	Title: Pres	• [
7. Responsible Official Maili Organization/Firm:	ng Address:	
Street Address: City:	County: Zi	p Code:
8. Responsible Official Telep	hone Number	· · · · · · · · · · · · · · · · · · ·
Telephone: (%())	61-6423 Fax: (813)9	169-0964
Facility Contact (If different	from Responsible Official)	
9. Name and Title of Facility	Contact (For example, plant manager):	
Adam.	natar	
10. Facility Contact Address:		
m	AS Above	
Street Address: City:	1	p Code:
11. Facility Contact Telephone	Number:	
Telephone: ( )	- Swing Fax: ( )	-
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Facility Information		•	
1.(a) DRY-TO-DRY MA	CHINES ONL	Y	
How many dry-to-dry mad	chines do you hav	ve on-site?	
For each dry-to-dry machi	ine on-site, please	e provide the following informa	tion:
Date Initially Purchesed	Status	Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
0 7 -2		R	putchase write SAME)
3-7-03	Existing Ne	w RCCA/None required	SAME
12/11/07	Existing/Ne	RC/CA/None required	SIOME
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE KE	EY: RC = re	ofrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MACE	HINES ONLY	•	
How many washers do you	u have on-site?	$\mathcal{C}$	
How many dryers/reclaims	ere up hun pané c	ng-gito?	
unit. If the transfer machin 1993, it is a NEW unit (no	no was purchased o units purchased	from the manufacturer between lafter September 22, 1993 are a	in December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general
penning. For each danske	r machine on-site	e, please provide the following i	niormation.
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed
			Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one)	Coutrol Device Required* (circle one)	Date Control Device Installed
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one)	Coutrol Device Required* (circle one)	Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one) Existing/New	Control Device Required* (circle one)  RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased	Starps (circle one)  Existing/New Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one)  Existing/New Existing/New Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	Starps (circle one)  Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI  2.(a) How much perchlor	Starbs (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA have you used within the last 12	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI  2.(a) How much perchlor	Starps (circle one)  Existing/New Existing/New Existing/New Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA have you used within the last 12	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
*CONTROL DEVICE KI 2.(a) How much perchlor  (b) If less than 12 mon	Starps (circle one)  Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA have you used within the last 12 this in)  months	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?
*CONTROL DEVICE KI 2.(a) How much perchlor  (b) If less than 12 mon	Starps (circle one)  Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA have you used within the last 12 this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?
*CONTROL DEVICE KI 2.(a) How much perchlor  (b) If less than 12 mon	Starps (circle one)  Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?
*CONTROL DEVICE KI 2.(a) How much perchlor  (b) If less than 12 mon	Starps (circle one)  Existing/New	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?
*CONTROL DEVICE KI 2.(a) How much perchlor  (b) If less than 12 mon	Starps (circle one)  Existing/New Existing/N	Coutrol Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?

3. What is the facility's source of Indicate with an "X". Sale	classification based or	n the definitions found in section (3)	of Part H?
Small Area Source		• ,	
Transfer only	achines only on-site on-site types on-site	(used less than 140 gallons of perc) (used less than 200 gallons of perc) (used less than 140 gallons of perc)	oer year)
Large Area Source			
Transfer only	achines only on-site on-site types on-site	(used 140 - 2,100 gallons of perc po (used 200 - 1,800 gallons of perc pe (used 140 - 1,800 gallons of perc pe	r year)
4. What control technology is (Indicate with an "X".)	equired on machines	pursuant to section (5) of Part II of the	is notification form?
Existing machines at s (NONE REQUIRED)	mall ares source	New machines at small are Refrigerated condenser	A SOUTE
Existing machines at Carbon adsorber Refrigerated condenses		New machines at large are Refrigerated condenser	SOUTCE
Rule 62-213.300, F.A.C. Verif	y that all steam and b	units shall not be eligible to use the good water generating units on-site med (see attached memo for the criteria).	eneral permit pursuant to the following
All steam and hot water general No such units on-site	ting units exempt	OR	
How many boilers do you have	on-site?		
For each boiler, indicate its hor	sepower (HP) rating:	30125	
What type of fuel do you use?	propane [ No. 2 fuel [ No. 6 fuel		
6. Equipment Monitoring and B	kecordkeeping Inform	nation	
Check all logs which are requir	ed to be kept on-site	in accordance with the requirements	of this general permit:
(a) Purchase receipts and solver	nt purchases/solvent a	addition log	
(b) Leak detection inspection as	nd repair	υ <del>χ</del>	
(c) Refrigerated condenser tom	perature monitoring	OX_	
(d) Carbon adsorber exhaust pe	re concentration ໝຸດກ	ittoring []	
(e) Startup, shutdown, malfund	tion plan	Ϋ́	
DBP Form No. 62-213.900(2) Effective: 2/24/99		16	

Print name of responsible official

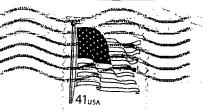
Signature

### **BEST AVAILABLE COPY**

•		
7. Surrender of Existing DEP	Air Permit(s)	
Please indicate with an "X" th	e appropriate selection:	
this notification	nder all existing DEP air permits authorizing operation of the form; the permit number(s) are the facility indication of the facility indication of the facility indication.	
Responsible Official Certific	etion	
this notification. I hereby statements made in this n maintain the air pollutan comply with all terms and	e responsible official, as defined in Part II of this form, of the certify, based on information and belief formed after reas offication are true, accurate and complete. Further, I agreemissions units and air pollution control equipment descriptions of this general permit as set forth in Part II of Department of any changes to the information contained in	onable inquiry, that the see to operate and bed above so as to this notification form
LHam M	10/120	

BAY FABRICARE CLEANERS AND LAUNDRY, INC. 13541 N. Florida Ave. • Tampa, FL 33613

SAINT PETERSBURG FL 01 FEB 2008 PM 4 T



Atten: Cecily Tart

beneral Permit Section

Division of Air Resources Management

2600 Blair Stone Rd, Ms #5510

Fabricare Cleaners &Laundry, Inc. 13541 N. Florida Ave. Tampa, FL 33613

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General Permits section
Department of Environmental Potection
2600 Blair Stone Road
Tallahassee, PL 32399-2400

32399+6542

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