

# Department of Environmental Protection

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

Colleen M. Castille Secretary

September 23, 2004

Mr. Don Jochumsen Nebraska Avenue – Value Cleaners 254 Mystic Lake Drive North Saint Petersburg, Florida 33702-6908

Re: Facility No.: 0571086-003

Dear Mr. Jochumsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 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. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

To Whom It May Concern:

| 10 Whom it May Concern.               | The transfer of the second   |
|---------------------------------------|--|
|                                       | TO THE THE STATE OF THE STATE O |
| Value Cleaners                        | has  |
| Name of Facility                      | ·  |
| just received, on $\frac{9/3/09}{}$   | 2008, notice of  |
| the need to file the attached form.   | Since we were  |
| not aware of the ruling requiring t   | his information  |
| prior to the date above, please acc   | ept this   |
| information as our attempt to rema    | ain compliant  |
| with Local, State and federal statu   | tes.   |
| Signature  Donald R. Jochumson  Print |  |
| $\mathcal{S}$ .                       |  |

Title

# PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

| FLDEP Facility ID Number: 982173528   | Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification? |
|---|---|
| The name and address of the owner or operator;                                      | Check one: Yes  |
| Monald Douhumsen  | Check one: Yes  |
| Name of the owner or operator of the dry cleaning facility                          | Is the Perc dry cleaning machine located in a building with no other tenants,   |
| 1800 4th St. N.   | leased space, or owner occupants?   |
| Mailing address of the owner or operator of the dry cleaning facility               | Check one: No Yes   |
| <u>-</u>  | Is the Perc dry cleaning operation a major or area source?  |
| Mailing address line 2 St Peter Sburs FC 33704                                      | Major Source: Perc consumption is greater than 2100 gallons/year  |
| City State Zip Code   | Area Source: Perc consumption is 2100 gallons/year or below   |
| The address (that is, physical location) of the dry cleaning facility;              | The yearly Perc solvent consumption: gallons (How much Perc did you buy over the last 12 months?)   |
| Name of the dry cleaning facility  4244 N. Nebrssks Aug                             | Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?                  |
| Address of the dry cleaning facility (physical location)                            | Check one: Yes  |
|   | All information contained in this statement is accurate and true.   |
| Address line 2  Temper 33603  | Donald Achier   |
| City State Zip Code   | Signature of the Responsible Official for the dry cleaning facility   |
| By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch | Florida Department of Environmental Protection General Permits Section  |
| 61 Forsyth Street SW Atlanta, Georgia 30303-8960                                    | Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400                                   |

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):   |
| 2. Site Name (For example, plant name or number):  |
| 2. Site Name (For example, plant name or number):  |
| NEBRASKA AVE - VALUE CLEANERS  |
| 3. Hazardous Waste Generator Identification Number:  |
| FLD 982173528  |
| 4. Facility Location: 4214 NEBRASKA AVENUE   |
| Street Address:  |
| City: TAMPA County: HILLSBOR OUGH 33604  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):   |
| 0571086-008  |
| Responsible Official   |
| 6. Name and Title of Responsible Official:   |
| Name: DON JOCHUMSEN Title: VP-OWNER  |
| 7. Responsible Official Mailing Address:   |
| Organization/Firm: VALUE OF TAMPA BAY, FNC Street Address: 254 MYSTIC LAKE, DR North   |
| City St. Peters bull County: PINELLAS Zip Code: 33702-6908   |
| O. D. and M. Official Tales and Market   |
| 8. Responsible Official Telephone Number: Telephone: (727) 526-52/3 Fax: (813) 236-179/  |
| Telephone. (127) July 3210   |
| Earlist, Contact (If different from Poor angillo Official)   |
| Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): |
|  |
| BETTY BENNETT - PLANT MGR.   |
| 10. Facility Contact Address:  |
| Street Address: 4214 NEBRASKA AVE  |
| City: TAMPA County: HILLS BURD Zip Code: 33604   |
| 11. Facility Contact Telephone Number:   |
| Telephone: (813)236-1791 Fax: (813)236-1791  |
|  |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

| racinty information                                     |  |   | ·  |
|---|--|---|--|
| 1.(a) DRY-TO-DRY M                                      | ACHINES ONLY                               | •   |  |
| How many dry-to-dry ma                                  | chines do you have                         | e on-site?                                |  |
| For each dry-to-dry mach                                | ine on-site, please                        | provide the following informati           | on:  |
| Date Initially Purchased<br>From Manufacturer           | Status<br>(circle one)                     | Control Device Required* (circle one)     | Date Control Device Installed (if already included at time of purchase, write "SAME")  |
| 02/02   | Existing/Nev                               | w RC/CA/None required                     | SAME   |
|   | Existing/Nev                               | w RC/CA/None required                     | ·  |
|   | Existing/Nev                               | w RC/CA/None required                     |  |
| *CONTROL DEVICE K                                       | EY: RC = ref                               | frigerated condenser CA                   | = carbon adsorber  |
| 1.(b) TRANSFER MAC                                      |  | - WASI                                    | = carbon adsorber  ALL SOMP MANAGED TO CHAIN TO THE COLUMN |
| How many washers do yo                                  |  |   | Ger son Pro Holling  |
| How many dryers/reclain                                 | ners do you have or                        | 1-site? ( )                               | My CHY.  |
| unit. If the transfer maching 1993, it is a NEW unit (r | ine was purchased no units purchased       | from the manufacturer between             | December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, lowed to operate under this general information:   |
| Date Initially Purchased From Manufacturer              | Status<br>(circle one)                     | Control Device Required* (circle one)     | Date Control Device Installed (if already included at time of purchase, write "SAME")  |
| 02/02   | Existing/New                               | RCCA/None required                        | Same   |
|   | Existing/New                               | RC/CA/None required                       | •  |
|   | Existing/New                               | RC/CA/None required                       | <u> </u>   |
| *CONTROL DEVICE K                                       | EY: RC = re                                | frigerated condenser CA                   | = carbon adsorber  |
|   | roethylene (perc) h<br>ns (You must fill t | have you used within the last 12 this in) | months?  |
| (b) If less than 12 mor                                 | nths, how many? [a                         | Mare] months                              |  |
| Check why it is le                                      | ss than 12 months:                         | New owner: [ 16 Did not ke                |  |
|   |  | New store: [] New machin                  |  |
|   |  | Unapared store [ ] (data of               | formated anomina   |

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

| 3. What is the facility's source classification based or Indicate with an "X". Select one classification of   |   |
|---|---|
| Small Area Source   |   |
| Dry-to-dry machines only on-site<br>Transfer only on-site<br>Both machine types on-site   | (used less than 140 gallons of perc per year)<br>(used less than 200 gallons of perc per year)<br>(used less than 140 gallons of perc per year) |
| Large Area Source []  | •   |
| Dry-to-dry machines only on-site<br>Transfer only on-site<br>Both machine types on-site   | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(used 140 - 1,800 gallons of perc per year)       |
| 4. What control technology is required on machines (Indicate with an "X".)  | pursuant to section (5) of Part II of this notification form?   |
| Existing machines at small area source (NONE REQUIRED) []   | New machines at small area source Refrigerated condenser [i]  |
| Existing machines at large area source Carbon adsorber  Refrigerated condenser  []  | New machines at large area source Refrigerated condenser []   |
| 5. A facility which contains non-exempt emissions Rule 62-213.300, F.A.C. Verify that all steam and recomption criteria or that no such units exist on-site |   |
| All steam and hot water generating units exempt<br>No such units on-site  | OR  |
| How many boilers do you have on-site?   |   |
| For each boiler, indicate its horsepower (HP) rating:   | ر_اكن   |
| What type of fuel do you use?  [] propane [] No. 2 fue [] No. 6 fue   |   |
| 6. Equipment Monitoring and Recordkeeping Inform  | nation  |
| 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 a   | addition log Yes  |
| (b) Leak detection inspection and repair  | [1/4.2.]  |
| (c) Refrigerated condenser temperature monitoring   | [ <u>Yes</u> ]  |
| (d) Carbon adsorber exhaust perc concentration mor  | nitoring [VIA]  |
| (e) Startup, shutdown, malfunction plan   | [40]  |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

# 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Receive Regrest Done

ENT Review Done

Determine Agency Across Effective

ENTITISMEN DETE 11 / Pending

1550e PERMIN

Stop Clock Done

# **General Permit Scanning Submission Form**

Case File ID: 057/086-003

| <b>√</b> | The following sections are included:         | Document Date | Page<br>Count |
|----------|--|---------------|---------------|
| V        | Acknowledgement Letter                       | 9/23/2004     |               |
| <b>Y</b> | Registration                                 | 8/12/2004     | 7             |
| _        | Fee Acknowledgement                          | 1-8-2007      |               |
| V        | Correspondence                               | 9/5/2008      | 2             |
|          |  | 7             |               |
|          | Fee Ack.                                     | 1-26-06       | 1             |
|          | tre ACK.                                     | 12-22-2004    | 2             |
|          |  |               | <u>.</u>      |
|          |  |               |               |
| usto     | omer Verification:                           |               | 11            |
| he at    | ove checked sections are included in this ca | ase file:     | 11            |

| √       | The following sections were scanned: |   | • |  |
|---------|--------------------------------------|---|---|--|
| /       | Acknowledgement Letter               | • |   |  |
| V       | Registration                         |   |   |  |
| V       | Fee Acknowledgement                  |   |   |  |
| <u></u> | Correspondence(s)                    |   |   |  |
| Scan    | Operator Verification:               |   | • |  |

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING "466841 Jan 8 2007

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# 571086 PACER INC 4214 Nebraska Ave TAMPA, FLORIDA 33605

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS 10# on your check or money order. This number is located on the mailing label.

TAN 8, 2007

## TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 571086 PACER INC 4214 Nebraska Ave

JAN 1 0 2007

RECEIVED

4214 Nebraska Ave Jureau A. Wichtiger TAMPA, FLORIDA 33605 & Mobile Sources

BENIFITTING CATEGORY 000200

BENIFITTING OBJECT CODE 002000

FLAIR ACCT. CODE 372020350013755010000

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458474 JAN26 2006

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

571086 10 VALUE CLEANERS 4214 Nebraska Ave TAMPA, FL 33605

Printed on recycled paper.

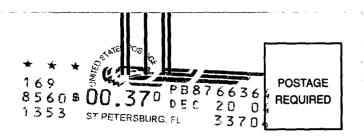
FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

**OBJECT: 002273** 

Value of Tampa Bay 254 Mystic Lake Dr. N. St. Petersburg, FL 33702



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

EE 0505+31555

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443628 DEC22 2004

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# 571086 10 VALUE CLEANERS 4214 Nebraska Ave TAMPA, FL 33605 DEC 2 3 2001.

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Mobile Sources

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FOR GOVERNMENT USE ONLY ORG.: 37530101000 ECC 1

FUND: 20-2-035001 OBJECT: 002273

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