

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 9, 2001

Mr. Mathew Blaine
Value Cleaners
1800 - 4th Street North
St. Petersburg, Florida 33704

Re: Facility No.: 0571086-002

Dear Mr. Blaine:

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

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

Mathew Blain

727-822-3159

727-639-4025 cell

10/19/01 Sent out for correction

Fees Paid 96-00

SOC 5

Compliance IN

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV - 2 2001

RECEIVED
OCT - 3 2001

Bureau of Air Monitoring
& Mobile Sources

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): | Pacer Inc | | |
| 2. Site Name (For example, plant name or number): | NEBRASKA AVE - Value Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 082173528 | | |
| 4. Facility Location: | 4214 - Nebraska Av | | |
| Street Address: | | | |
| City: | Tampa | County: | Hillsboro |
| | | Zip Code: | 33604 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0571086-002 | | |

Responsible Official

| | | |
|---|-----------------|------------------------|
| 6. Name of Responsible Official: | | |
| Name: | Matthew Blaine | Title: General Manager |
| 7. Responsible Official Mailing Address: | | |
| Organization/Firm: | Pacer Inc | |
| Street Address: | 1800 4th St. N. | |
| City: | St. Petersburg | County: Pinellas |
| | | Zip Code: 33704 |
| 8. Responsible Official Telephone Number: | | |
| Telephone: | (727) 822-3159 | Fax: (727) 822-1607 |

Facility Contact (If different from Responsible Official)

| | | |
|---|-------------------------------|-------------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Betty Bennett - Plant Manager | |
| 10. Facility Contact Address: | | |
| Street Address: | 4214 - Nebraska Ave | |
| City: | Tampa | County: Hillsboro |
| | | Zip Code: 33604 |
| 11. Facility Contact Telephone Number: | | |
| Telephone: | (813) 236-1791 | Fax: () |

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") |
|--|---|--|---|
| 02-02 | Existing <input checked="" type="radio"/> New | <input checked="" type="radio"/> RC/CA/None required | SAME |
| _____ | 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".)

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

New machines at large area source
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 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.

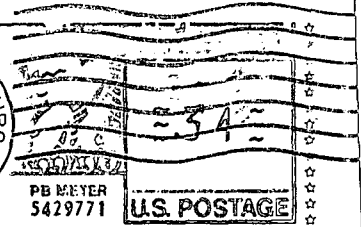
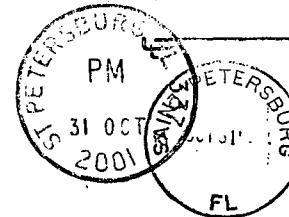
Matthew Blaine
Print name of responsible official

Matthew Blaine
Signature

09-24-01
Date

PACER, INC.

1800 4th Street North
St. Petersburg, FL 33704



State of Florida
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400



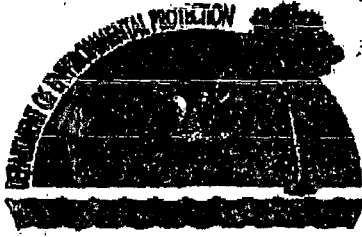
Quality Without Compromise Since 1946



Value Cleaners
"Best for Less"

32399/2400

Att. Bureau of Air Monitoring



BEST AVAILABLE COPY

Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2800 Blair Stone Road
Tallahassee, Florida 32399-2400

David Struss
Secretary

FAX TRANSMITTAL SHEET

DATE:

11/2/01

TO:

MIKE GRUBBS

PHONE:

727-822-

FAX:

727-822-1607

FROM:

RICK BUTLER

PHONE:

850-921-9586

Division of Air Resources Management

FAX:

850.922.6979

RE:

TITLE V AIR PERMIT

CC:

Total number of pages including cover sheet:

5

Message

Responsible official info and signature.

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

PACER, INC.

1800 4th Street North
St. Petersburg, FL 33704
Phone: (727) 822-3159
Fax: (727) 822-1607



F A X

TO: Rick Butler
D.E. F

FROM: Matthew Glaine
Pacer Inc

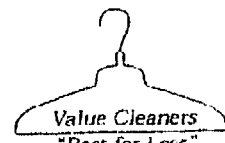
DATE: 11-2-01

COMMENTS: *Corrected Responsible official & info.*

Page 1 of 5



Quality Without Compromise Since 1946



BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT - 3 2001
Bureau of Air Management
& Noise Services

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): Pacer Inc | | |
| 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 Ave | | |
| Street Address: | | |
| City: TAMPA | County: Hillsboro | Zip Code: 33604 |

Responsible Official

| | | |
|--|------------------------|-----------------|
| 6. Name and Title of Responsible Official: | | |
| Name: Matthew Blaine | Title: General Manager | |
| 7. Responsible Official Mailing Address: 1800-4th St. No | | |
| Organization/Firm: Pacer Inc | | |
| Street Address: 1800-4th St. No | | |
| City: St. Petersburg | County: Pinellas | Zip Code: 33704 |
| 8. Responsible Official Telephone Number: | | |
| Telephone: 727-822-3159 | Fax: (727) 822-1607 | |

Facility Contact (If different from Responsible Official)

| | | |
|--|-------------------|-----------------|
| 9. Name and Title of Facility Contact (For example, plant manager): Betty Bennett | | |
| 10. Facility Contact Address: 4214 - Nebraska Ave | | |
| Street Address: | | |
| City: Tampa | County: Hillsboro | Zip Code: 33604 |
| 11. Facility Contact Telephone Number: | | |
| Telephone: (813) 236-1791 | Fax: () | |

BEST AVAILABLE COPY

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

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|--|---------------------|---------------------------------------|---|
| <u>02-02</u> | Existing/New | <u>RC</u> /CA/None required | <u>SAME</u> |
| _____ | 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? 0

How many dryers/reclaimers do you have on-site? 0

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:

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| _____ | 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?

 20 gallons (You must fill this in)

(b) If less than 12 months, how many? 7 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 _____)

BEST AVAILABLE COPY

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)
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(NONE REQUIRED)

New machines at small area source
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Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 1 5

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:

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- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

BEST AVAILABLE COPY

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 _____
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Responsible Official Certification

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I will promptly notify the Department of any changes to the information contained in this notification.

Matthew Blaine

Print name of responsible official

Matthew Blaine

Signature

09-29-01

Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 11/2/01

TO: MIKE GRUBBS

PHONE: 727-822-3159

FAX: 727-822-1607

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: TITLE V AIR PERMIT

CC: _____

Total number of pages including cover sheet: 2

Message Responsible official info and signature.

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435165 JAN12 2004

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

571086
BETTY BENNETT
VALUE CLEANERS
4214 NEBRASKA AVE
TAMPA FL 33604

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 15 2004
Bureau of Air Mail
& Mobile Services



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

X 413957
2/11/01

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0571086
VALUE CLEANERS
BETTY BENNETT
4214 NEBRASKA AVE
TAMPA FL
33604

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

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here

AIRS ID#0571086

Sent VALUE CLEANERS
 Betty Bennett
 Street or PO 4214 NEBRASKA AVE
 City, State, ZIP+4 TAMPA FL 33604

7001 0320 0001 7975 6479

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#0571086

VALUE CLEANERS
 BETTY BENNETT
 4214 NEBRASKA AVE
 TAMPA FL
 33604

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. Booher B. Date of Delivery 02-07-3

C. Signature D. Booher Agent Addressee

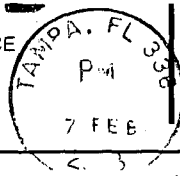
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7001 0320 0001 7975 6479

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

FEB 10 2003



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

| SENDER | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571086</p> <p>VALUE CLEANERS BETTY BENNETT 4214 NEBRASKA AVE TAMPA FL 33604</p> | <p>A. Received by (Please Print Clearly) B. Date of Delivery B. BENNETT 2-9-2</p> <p>C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee x Betty Bennett</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 (Copy from service label)</p> <p style="font-size: 1.2em; font-family: cursive;">700006000026 4128 6662</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> |

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | | |
|--|---------|------------------|------------------|---------------|--|--|--|---|--|---|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 20%;">\$</td> <td rowspan="4" style="width: 40%; text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table> <p style="text-align: right;">AIRS ID # 0571086</p> <p>To: VALUE CLEANERS</p> <p>Rec: BETTY BENNETT</p> <p>4214 NEBRASKA AVE</p> <p>Stree: TAMPA FL</p> <p>City, 33604</p> | Postage | \$ | Postmark Here | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | <p style="font-size: 1.2em; font-family: cursive;">7000 0600 0026 4128 6662</p> |
| Postage | \$ | Postmark Here | | | | | | | | |
| Certified Fee | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | |
| PS Form 3800, February 2000 See Reverse for Instructions | | | | | | | | | | |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423040 FEB17 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

VALUE CLEANERS
BETTY BENNETT
4214 NEBRASKA AVE
TAMPA FL
33604

AIRS ID#0571086

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273

X
Bureau of Air Monitoring
& Mobile Sources
RECEIVED
FEB 19 2003