

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 1, 2001

Mr. Raymond J. Alvarez  
Rainbow Dry Cleaners, Inc.  
19617 Michigan Avenue  
Odessa, Florida 33556

Re: Facility No.: 0571089-002

Dear Mr. Alvarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 2001.

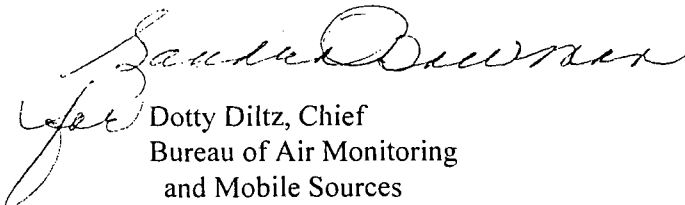
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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  
SOC 9  
Compliance IN

0571089-002

P15

1(a) RC or CA should be circled under  
Control Device Required

P16

4. Existing machines at large area source  
should be marked.

6(e) Required for all sources.

P17

Responsible official sign and date  
for changes made.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Division of Air Management  
3.165510 Services

AUG 27 2000

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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):	Rainbow Dry Cleaners, Inc
2. Site Name (For example, plant name or number):	SAME
3. Hazardous Waste Generator Identification Number:	FLD 981026172
4. Facility Location: Street Address: City:	TAMPA, FL 4502 W. Village Dr. County: Hillsborough Zip Code: 33624
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571089-002

Responsible Official

6. Name and Title of Responsible Official: Name:	Raymond J. Alvarez Title: Pres.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	19617 Michigan Ave. 19617 Odessa Fl. County: Hillsboro Zip Code: 33556
8. Responsible Official Telephone Number: Telephone: ( 813 )	920-2800 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Raymond J. Alvarez
10. Facility Contact Address: Street Address: City:	4502 W. Village Drive. TAMPA FL 33624 County: Hillsborough Zip Code:
11. Facility Contact Telephone Number: Telephone: ( 813 )	968-4328 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")
1990	Existing/New	RC/CA/None required	1990
_____	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".)

- |  |   |
|--|---|
| <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 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.*

RAYMOND J. ALVAREZ  
Print name of responsible official

Ray Alvarez  
Signature

8/19/01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412810 JAN 9 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 # 0571089  
RAINBOW DRY CLEANERS INC  
RAYMOND J ALVAREZ  
19617 MICHIGAN AVENUE  
ODESSA FL  
33556

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



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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

15  
Postmark  
Here  
03

Total ID# 571089  
**RAYMOND ALVAREZ**

Sent To **RAINBOW DRY CLEANERS INC**

Street, or PO **19617 MICHIGAN AVENUE**

City, State **ODESSA, FL 33556**

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1670

**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:

ID# 571089  
**RAYMOND ALVAREZ**  
**RAINBOW DRY CLEANERS INC**  
**19617 MICHIGAN AVENUE**  
**ODESSA, FL 33556**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 **RAYMOND ALVAREZ**  Agent  
 Addressee

B. Received by (Printed Name)  
*Ray Alvarez*

C. Date of Delivery  
**2-10-04**

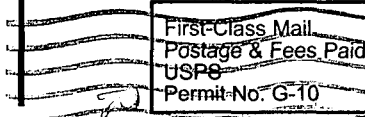
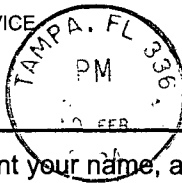
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7003 2260 0003 5651 1670**

UNITED STATES POSTAL SERVICE



• 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 12 2004

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423276 FEB20 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**

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4

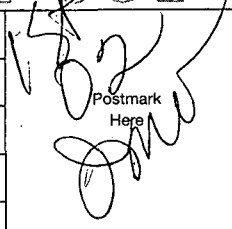
FEB 26 2003

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0571089
RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 19617 MICHIGAN AVENUE ODESSA FL 33556

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)	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
AIRS ID#0571089	
Send to:	RAINBOW DRY CLEANERS INC
Street or P.O. Box:	RAYMOND J ALVAREZ
City:	19617 MICHIGAN AVENUE
	ODESSA FL
	33556
PS Form	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:

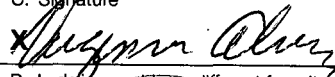
AIRS ID#0571089

 RAINBOW DRY CLEANERS INC  
 RAYMOND J ALVAREZ  
 19617 MICHIGAN AVENUE  
 ODESSA FL  
 33556

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature



- 
- Agent
- 
- 
- Addressee

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

FEB 12 2003

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

(Transfer from service label)

7001 0320 0001 7975 5946

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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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  
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MAR 06 2003

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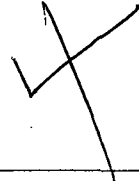
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436439 FEB172004

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**TOTAL AMOUNT DUE \$50.00**

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FEB 20 2004  
Bureau of Air Monitoring  
& Mobile Sources



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ID# 571089  
RAYMOND ALVAREZ  
RAINBOW DRY CLEANERS INC  
19617 MICHIGAN AVENUE  
ODESSA, FL 33556

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

7003 0500 0004 0144 7375	<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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	AIRS ID# 571089 1stC RAINBOW DRY CLEANERS INC	
Send	4502 West Village Drive	
Street or P.O. Box	TAMPA, FL 33624	
City		
PS Form 3800, June 2002		See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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: 10px;"> <p>AIRS ID# 571089 1stC RAINBOW DRY CLEANERS INC 4502 West Village Drive TAMPA, FL 33624</p> </div> <p>2. Article Number (Transfer from)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent <i>X [Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2/7/05</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>3. Service Type  <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>
7003 0500 0004 0144 7375	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

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First-Class Mail  
Postage & Fees Paid  
USPS FROM  
Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

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(CUT HERE)

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445957 FEB10 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# 571089 1stC  
RAINBOW DRY CLEANERS INC  
4502 West Village Drive  
TAMPA, FL 33624

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

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Bureau of Air Monitoring  
& Mobile Sources

FEB 15 2005

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459906 MAR152006

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# 571089 1st  
RAINBOW DRY CLEANERS INC  
4502 West Village Drive  
TAMPA, FL 33624

FLAIR ACCT. CODE 372028350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 002000

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

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MAR 2006  
Bureau of Finance  
& Management Services