

Department of Environmental Protection

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

David B. Struhs Secretary

September 18, 2002

Mr. Hanif Kurji Terrace Cleaners 9903 Colonnade Drive Tampa, Florida 33647

Re: Facility No.: 0571090-002

Dear Mr. Kurji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 15, 2002.

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,

Joe Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

fees Paid 96-01 50C 4 Compliant IN

Dibble, Dickson

From: Golden, Jason [goldenj@epchc.org]

Sent: Wednesday, April 11, 2007 4:11 PM

To: Dibble, Dickson
Cc: Robinson, Lynn

Subject: Dry Cleaners

Per my inspection 04/11/07, 0571090 Terrace Cleaners has purchased a DF-2000 machine and the perc machine has been removed from site.

Jason Golden

Industrial Air Compliance

Environmental Protection Commission

of Hillsborough County

(813) 627-2600 ext. 1237

Fax: (813) 627-2660 goldenj@epchc.org

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

AUG 1 5 2002

Bureau of Air Monitoring Part III. Notification of Intent to Use General Permit & Mobile Sources

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):
CLEAN & SANE INC
2. Site Name (For example, plant name or number):
TERRACE CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD981029341
4. Facility Location: Street Address: 8866 56 ^{7th} STREET N.
City: TEMPLE TERRACE County: HILLS BOROUGH Zip Code: 33617
TS Facility Identification Number (DEPUSe ONLY -do not fill in)
Responsible Official
6. Name and Title of Responsible Official:
Name: HANIF KURJI Title: PRESIDENT
The state of the s
7. Responsible Official Mailing Address: Organization/Firm:
Street Address: 9903 COLONNAUE DE,
City: TAMPA County: HILLSBOROUGH Zip Code: 33647
8. Responsible Official Telephone Number:
Telephone: (813) 4-83-6803 Fax: (8)3,988-7520
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:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
<u>and the second of the second </u>

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 991 RE/CA/None required Existing/New Existing/New RC/CA/None required RC/CA/None required Existing/New *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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? TIMA TORRISON MINIST [57] gallons (You must fill this in) (b) If less than 12 months how many? [___] months N/A Check why it is less than 12 months: New owner: [l Did not keep records: [New store: New machine Unopened store [____] (date of expected opening

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

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3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
Small*Area Source	April 10 To the Secretary Commencer of the Commencer of t
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (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 []
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 to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site All steam and hot water generating units exempt 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 [] No. 2 fuel [] No. 6 fuel	oil No. 4 fuel oil oil Other (please list)
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log
(b) Leak detection inspection and repair	بخا
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Startup, shutdown, malfunction plan	

7. Surrender	of Existing DEP Air Permit(s)	with the	one in the state of the contract of the contr		, * s.*
Please indica	te with an "X" the appropriate sele				
	I hereby surrender all existing I this notification form; the perm	it number(s)	are	eren per erek	
لـــا	No DEP air permits currently exform.	kist for the of	peration of the fa	cility indicated in this	notification
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Responsible	Official Certification	<u> </u>	<u> </u>	Wasan ray Dawns	
			W.1	nave village grosse to	
}	dersigned, am the responsible offic				•
statemen maintain comply w	ication. I hereby certify, based or ts made in this notification are tru the air pollutant emissions units of with all terms and conditions of thi	ie, accurate d and air pollui is general per	ind complete. Fi ion control equi mit as set forth i	urther, I agree to opero pment described above n/Parti/II/of this notific	ite and so as to ation form.
I will pro	omptly notify the Department of an	ry changes to	=	=	
HANI	F KURJI	• •	A CIPACIENT		
Print nan	ne of responsible official			TO A WOOD BOOK A CO	
Signature			<u>O</u> S Date		ega de la composition della co
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Miller William Committee

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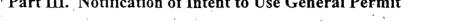
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A. O. L. Williams

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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 for your files 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, age	ency, or individual owner):
CLEAN & SAVE INC.	
2. Site Name (For example, plant name or number):	
BUSY BEE DRYCLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD 981029341 (PRESENT LOCATION	
4. Facility Location: 4708 E. BUSCH E	BLAD,
City: TAMPA County: FL	Zip Code: 33617.
35 = Pacility Identification Number (DEPIUse ONLY) = document	Iller
Responsible Official	Absolute and Addition of Conference and Conference
6. Name and Title of Responsible Official:	
Name: HANIF KURJI	Title: PRESIDENT
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 9903 COLONNADE	E DR.
City: TAMPA County: HILLSE	30ROUGH Zip Code: 33647
8. Responsible Official Telephone Number:	
Telephone: (\$13)\$43-6803	Fax: (817)988-750
	•
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant ma	anager)
SAME AS ABOVE	'
10. Facility Contact Address:	
Street Address:	Zin Codo:
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: () -	Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

(a) DRY-TO-DRY MA				
ow many dry-to-dry mad	-			
		provide the following informatio		7
ate Initially Purchased rom Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
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100	Existing/Nev	w RC/CA/None required		
	Existing/Nev	w RC/CA/None required	***************************************	
CONTROL DEVICE KE	EY: RC = re	frigerated condenser CA =	carbon adsorber	_
(b) TRANSFER MAC	HINES ONLY			
ow many washers do yo		N/A		
ow many dryers/reclaim		n-site? []		·.
the transfer machine wa	as purchased from	the manufacturer prior to or on D	December 9, 1991, it is an EXISTING	
the transfer machine want. If the transfer machine 93, it is a NEW unit (no ermit). For each transfer ate Initially Purchased	as purchased from ne was purchased o units purchased	the manufacturer prior to or on E from the manufacturer between I	December 9, 1991 and September 22, wed to operate under this general	
the transfer machine want. If the transfer machine 93, it is a NEW unit (no ermit). For each transfer ate Initially Purchased	as purchased from ne was purchased o units purchased or machine on-site	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allo please provide the following info Control Device Required*	December 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of	
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the transfer machine wan it. If the transfer machine 93, it is a NEW unit (no ermit). For each transfer ate Initially Purchased from Manufacturer CONTROL DEVICE K. (a) How much perchlor	as purchased from ne was purchased o units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allo please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?	
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The transfer machine want. If the transfer machine 993, it is a NEW unit (nermit). For each transfer machine vate Initially Purchased from Manufacturer CONTROL DEVICE K. (a) How much perchlor [38.6] gallor (b) If less than 12 more	as purchased from ne was purchased o units purchased or machine on-site. Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New in RC = re roethylene (perc) ins (You must fill onths, how many? [the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allo please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = this in	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months? TREET N.	

3. What is the facility's source classifica Indicate with an "X". Select one classification in the second selection of the second selection of the second selection of the second selection in the second selection of the second selection of the second selection in the selection selection in the selection of the selection selection in the selection selection in the selection selection in the selection selection in the selection selecti		the definitions found in section (3) of Part II?
Small Area Source		
Dry-to-dry machines of Transfer only on-site Both machine types o	·	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source		
Dry-to-dry machines Transfer only on-site Both machine types o	•	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required (Indicate with an "X".)	on machines p	pursuant to section (5) of Part II of this notification form?
Existing machines at small are (NONE REQUIRED)	a source	New machines at small area source Refrigerated condenser []
Existing machines at large area Carbon adsorber [Refrigerated condenser [a source	New machines at large area source Refrigerated condenser
	l steam and h	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption ed memo for the criteria).
All steam and hot water generating unit No such units on-site	s exempt	OR
How many boilers do you have on-site	2	
For each boiler, indicate its horsepower	(HP) rating:	15
What type of fuel do you use?	nropane No. 2 fue No. 6 fue	
6. Equipment Monitoring and Recordk	eeping 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 purch	ases/solvent a	addition log
(b) Leak detection inspection and repair	r	
(c) Refrigerated condenser temperature	monitoring	[> 2]
(d) Carbon adsorber exhaust perc conc	entration mor	nitoring
(e) Startup, shutdown, malfunction pla	ın	\sim

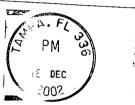
DEP Form No. 62-213.900(2)

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 form. I will promptly notify the Department of any changes to the information contained in this notification. HANIF KURTI - President Print name of responsible official Signature Date

jle/20/0/D

BUSY BEE DRYCLEANERS, 4708 E. BUSCH BLVD. TAMPA, FL 33617.

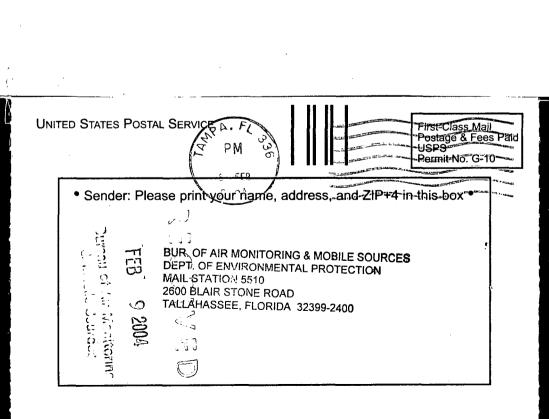




GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES,
MS SSIO
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
ID# 571090 HANIE KURJI TERRACE CLEANERS	LEB 6 NOW				
4708 E BUSCH BLVD TAMPA, FL 33617	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.				
	4. Restricted Delivery? (Extra Fee) Yes				
2. Article Number (Transfer from service label); [::::::::::::::::::::::::::::::::::::					
PS Form 3811, August 2001 Domestic Retu					



922	U.S. Postal S CERTIFIEI (Domestic Mail C	D MAIL RE	CEIPT Coverage Provided)
2 hh	For delivery inform	ation visit our website	at www.usps.com _®
	Postage	\$	
10	Certified Fee		
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吕	Restricted Delivery Fee (Endorsement Required)		
0.5	Tota AIRS ID# 5	571090 1stC	
	Sent 7 TERRACE	CLEANERS	 j
2	Street, 4708 E Bus or PO TAMPA, F	· ·	
	City, S		
	PS Form 3800, June 2002	Salar Sa	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#, 571090 1stC TERRACE CLEANERS 4708 E Busch Blvd	- - :
TAMPA, FL 33617	3. Service Type ☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service lá 7003 0500 [1004 0144 7276
PS Form 3811, February 2004 Domestic Retr	um Receipt 102595-02-M-1540

United States Postal Service



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

• Sender: Please print your name, address, and ZIP+4 in the box

BUR. OF AIR MONITORING & MOBILE SOURCES

DEPT. OF ENVIRONMENTAL PROTECTION

TATION 5510

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436556 FEB192004

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



ID# 571090
HANIE KURJI
TERRACE CLEANERS
4708 E BUSCH BLVD
TCAMPA, FL 33617



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446279 FEB142005

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# 571090 1stC TERRACE CLEANERS 4708 E Busch Blvd TAMPA, FL 33617

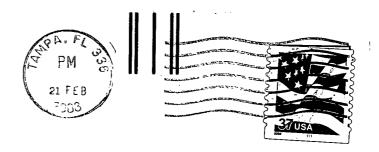
FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

BUSY BEE DRYCLEANERS 4708 E BUSCH BLVD. TAMPA FL 33617.



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

SE312+3070 33

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423449 FEB242003

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

TERRACE CLEANERS
HANIE KURJI
9903 COLONNADE DRIVE
TAMPA FL
33647

AIRS ID#0571090
RELO CATING TO

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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7000 2870	Total Postal Sent To Street, Apt. City, State, Z.	9903 CO TAMPA 33647	KURJI LONNA				RS ID#057	71090	

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	TE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1?
1. Article Addressed to: AIRS ID#0571090 TERRACE CLEANERS HANIE KURJI 9903 COLONNADE DRIVE	If YES, enter delivery address below.
TAMPA FL 33647	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
10002876000610275769	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

