

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 4, 2001

Mr. Alvin Kornhausen
Elite Cleaners
11301 North 56 Street
Tampa, Florida 33617

Re: Facility No.: 0571114-002

Dear Mr. Kornhausen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 1, 2001.

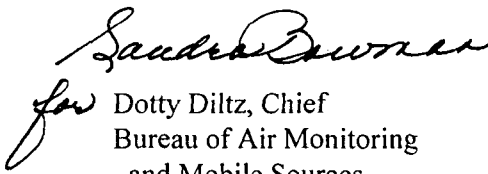
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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Fees Paid 97.00
SOC 5
Compliance IN

0571114-002

page 15

1(a) None Required should not be circled
under Control Device Required. Mark
out and initial.

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV - 1 2001

Part III. Notification of Intent to Use General Permit Bureau of Air Monitoring
& 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):	Alvin Kornhausen, Inv. Own 7/14 Elite Cleaners		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 984181735		
4. Facility Location:	11301 N 56th ST		
Street Address:			
City:	County:	Zip Code:	
Tampa	Hillsborough	33617	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	05M1114-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Title:		
Alvin Kornhausen	Pres		
7. Responsible Official Mailing Address:			
Organization/Firm:	Elite Cleaners		
Street Address:	11301 N 56th ST		
City:	County:	Zip Code:	
Tampa	Hillsborough	33617	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(813) 989-2439	-		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	Fax:		
() -	() -		

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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")
6/6/99	Existing	RC/CA/None required	_____
4/01/00	Existing	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?

✓ 265 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: 20

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

591114

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.

Alvin Kornhauser
Print name of responsible official

Alvin Kornhauser
Signature

10/29/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

571114 10
ELITE CLEANERS
11301 N 56th Street
TAMPA, FL 33617

RECEIVED
JAN 9 2006
Bureau of Air Monitorin
& Mobile Sources

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

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JAN 5 2006
Bureau of Air Monitorin
& Mobile Sources

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

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448672 FEB 16 2005

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AIRS ID# 571114 1stC
ELITE CLEANERS
11301 N 56th Street
TAMPA, FL 33617

Bureau of Air Monitoring
& Mobile Sources

FEB 17 2005

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FUND: 20-2-035001
OBJECT: 002273

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID# 571114 1stC ELITE CLEANERS 11301 N 56th Street TAMPA, FL 33617	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 0500 0004 0144 7252

SENDER: COMPLETE THIS SECTION	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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID# 571114 1stC ELITE CLEANERS 11301 N 56th Street TAMPA, FL 33617</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7003 0500 0004 0144 7252	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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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
& Mobile Sources

FEB 9 2005

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32399+2400-99 0001

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436557 FEB19 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

ID# 571114
ALVIN KORNHAUSEN
ELITE CLEANERS
11301 N 56TH STREET
TAMPA, FL 33617


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

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To: ID# 571114

From: ALVIN KORNHAUSEN
 ELITE CLEANERS
 11301 N 56TH STREET
 TAMPA, FL 33617

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 2486

SENDER: COMPLETE THIS SECTION	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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 571114 ALVIN KORNHAUSEN ELITE CLEANERS 11301 N 56TH STREET TAMPA, FL 33617</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <div style="text-align: center; margin-top: 10px;"> </div> <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>
<p>7003 2260 0003 5651 2486</p>	

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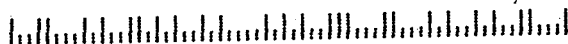
• Sender: Please print your name, address, and ZIP+4 in this box •

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
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421882 JAN172003

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

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AIRS ID#0571114
ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617

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