

Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

October 10, 2002

Mr. Quoc Khanh Nguyen Greater Tampa Cleaner 8408 North Armenia Avenue Tampa, Florida 33604

Re: Facility No.: 0571148-002

Dear Mr. Nguyen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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

Fees 96-01 50C 6 Compliance IN

AIRS ID # 0571148-002

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1. (a) New should be circled under Status for 1992 machine.

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4. New machines at large area source Refrigerated condenser should be marked for 1992 machine using 140 gallons or more of perchloroethylene in 12 months.

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):							
GREATER TAMPA CLEANER, INC							
2. Site Name (For example, plant name or number):							
GREATER TATAPA CLEANER. 3. Hazardous Waste Generator Identification Number:							
3. Hazardous Waste Generator Identification Number:							
FLD CESOG (111-0421)							
4. Facility Location: Street Address: 8408 N. ARMENÎA AVENUE							
City: TAMPA County: HILLS BOROUGE BFL 33604							
5> Facility-Identification: Number (DEP USE ONE) # do - Gill - P							
Responsible Official							
6. Name and Title of Responsible Official:							
Name: QUOC KHANH NGUYEN Title: PRESIDENT							
7. Responsible Official Mailing Address:							
Organization/Firm: Street Address: 8408 N. ARMENIA AVENUE							
City: TAMPA County: HILLSBUROUGH Zip Code: FL 33604							
City: TAMPA County: HLLSBOZOUGH Zip Code: FL 33604							
8. Responsible Official Telephone Number:							
Telephone: (813) 933 - 9112 Fax: () -							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
SAME AS ABOUE.							
10. Facility Contact Address:							
Street Address:							
City: County: Zip Code:							
11. Facility Contact Telephone Number:							
Tolombonos ()							
Telephone: () - Fax: () -							

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

l.(a) DRY-TO-DRY M	ACHINES ONL	Υ .			
How many dry-to-dry ma	chines do you hav	ve on-site?			
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	1:		
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")		
1992	Existing No.	ew RC/CA/None required	SAME		
· · · · · · · · · · · · · · · · · · ·	Existing/Ne	ew RC/CA/None required			
	Existing/Ne	ew RC/CA/None required			
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber		
1.(b) TRANSFER MAC	HINES ONLY				
How many washers do yo	ou have on-site?	[N/A			
How many dryers/reclaim	ers do you have				
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased				
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			
		have you used within the last 12 m	carbon adsorber onths?		
(b) If less than 12 mor	iths, how many?	[] months			
• •	•	s: New owner: [] Did not keep	records: []		
-		New store: [] New machine			
		Unopened store [] (date of e			

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

3. What is the fac Indicate with	•	sification based of one classification of		nitions found in	n section (3) of	Part II?		
Small Ar	rea Source	[]						
	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 Ar	rea Source	[**						
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used 20	00 - 1,800 gallo	ns of perc per yours of perc per yours of perc per yours	ear)		
4. What control to (Indicate with		nired on machines	pursuant	to section (5) o	of Part II of this	notification form?		
	machines at sma	ll area source		New machines Refrigerated co	s at small area sondenser [ource]		
Carbon a	machines at largadsorber ated condenser	e area source		New machines Refrigerated c	s at large area so ondenser [<u>ource</u>		
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 No such units on-	_	g units exempt	[<u>X</u>]	OR	4.			
How many boilers	s do you have on	-site? []						
For each boiler, indicate its horsepower (HP) rating: [] []								
What type of fuel	do you use?	[] propane [] No. 2 fue [] No. 6 fue		[] natural [] No. 4 f [] Other (_			
6. Equipment Mo	nitoring and Rec	ordkeeping Inform	mation					
Check all logs wh	nich are required	to be kept on-site	in accord	lance with the r	equirements of	this general permit:		
(a) Purchase recei	ipts and solvent p	ourchases/solvent	addition l	og				
(b) Leak detection	n inspection and	repair			[]			
(c) Refrigerated c	ondenser temper	ature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring []								
(e) Startup, shuto	down, malfunctio	n plan	•		$[\mathcal{L}]$			

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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.

K. NGUYEN

Print name of responsible official

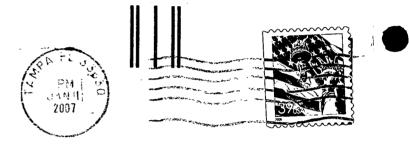
Signature

8/31/02

DEP Form No. 62-213.900(2)

Effective: 2/24/99

REATER TAMPA CLEANERS, INC. 8408 N. ARMENIA AVE. TAMPA, FL 33604 PH.. 813-933-9112



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

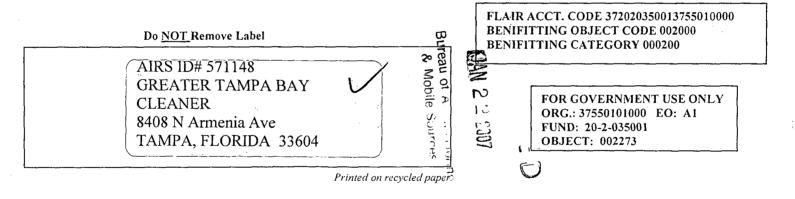
32315+3070-70 B099

Androdathadhadhdhaladhalladadhadhadhadhad

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

467203 JAN16207

TOTAL AMOUNT DUE: \$50.00



Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 2005

TOTAL AMOUNT DUE: \$50.00

Printed on recycled paper.

Do NOT Remove Label

AIRS ID# 571148 10 GREATER TAMPA BAY CLEANER 8408 N Armenia Ave TAMPA, FL 33604

Bureau of Air Monitorir

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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

571148 10 GREATER TAMPA BAY CLEANER 8408 N Armenia Ave TAMPA, FL 33604

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 0020000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



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

571148 QUGÇNGUYEN GREATER TAMPA BAY CLEANER 8408 N ARMENIA AVE TAMPA FL 33604

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: Al. Fund: 20-2-035001

Obj.: 002273



421091 DEC26 2092

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 1D#0571148

GREATER TAMPA BAY CLEANER QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 FOR GOVERNMENT U

FOR GOVERNMENT USE ONLY Of 37550 1000 FO: 31 Full: 20-2-035001 Obi 06273

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