

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 18, 2003

Mr. Jon G. Turner
Fleetwood Cleaners
4343 Henderson Boulevard, Suite 118
Tampa, Florida 33629

Re: Facility No.: 0571192-002

Dear Mr. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 17, 2003.

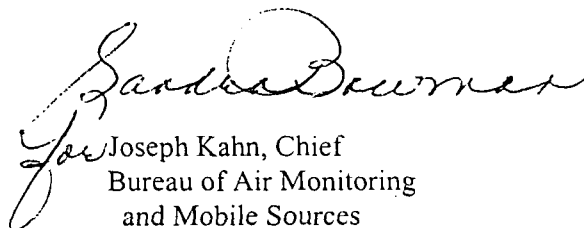
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

1150
7/21/03 called Jon Turner and he was not available.

Fees 98-02
SOC 5
Comp IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

2002
RECEIVED
JUL 17 2003
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): <i>JON G TURNER</i>
2. Site Name (For example, plant name or number): <i>Fleetwood Cleaners</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>4343 Henderson Blvd</i> Street Address: City: <i>TAMPA</i> County: <i>Hillsborough</i> Zip Code: <i>33629</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0571192-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JON G TURNER</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>FLEETWOOD CLEANERS</i> Street Address: <i>4343 HENDERSON BLVD 110</i> City: <i>TAMPA</i> County: <i>Hillsborough</i> Zip Code: <i>33629</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 251 1605</i> Fax: <i>(813) 258 8373</i>

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")
1-1-96	Existing	RC/CA/None required	RC, CA
1-1-2001	Existing	RC/CA/None required	RC, CA
	Existing	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	RC/CA/None required	
	Existing	RC/CA/None required	
	Existing	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?

[600] 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 _____)

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")
_____	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

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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input checked="" type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" 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? 1

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

STOP WORK
2 Ad SOME ANY SPILL
3 CALL EPA 2725530

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.

Jon G. Tierper
Print name of responsible official

Jon G. Tierper
Signature

7-15-03
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: 7/21/03

TO: Mr. Jon Turner

PHONE: 813-251-1605

FAX: 813-258-8373

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Notification form

CC: _____

Total number of pages including cover sheet: 2

Message

Mr. Turner,

*Please complete page 15 and fax the information
as soon as possible.*

*Thank you,
Rich Butler*

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

TRANSMISSION VERIFICATION REPORT

TIME : 07/21/2003 02:02
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 07/21 02:01
FAX NO./NAME 618132588373
DURATION 00:00:36
PAGE(S) 02
RESULT OK
MODE STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

FAX TRANSMITTAL SHEET

DATE: 7/21/03

TO: Mr. Jon Turner

PHONE: 813-251-1605

FAX: 813-258-8373

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Notification form

CC: _____

Total number of pages including cover sheet: 2

Message 6

DATE: _____

TO: DEP 850 922 6979

FAX NUMBER: _____

FROM: JOHN TURNER / FLEETWOOD CLEARERS

FAX NUMBER: (813) 258-8373 PHONE NUMBER: (813) 251-1605

NUMBER OF PAGES (Including Cover Sheet) 2

REMARKS: RICK BUTLER

If you have any problems receiving these pages, please call (813) 251-1605.

RECEIVED

JUL 22 2003

Bureau of Air Monitoring
& Mobile Sources

07/22/2003 08:05

8132588373

DJETWND

PAGE 02

07/22/2003 08:42

8136233553

PHENIX

PAGE 01

07/22/03 (INV006)

PHENIX SUPPLY CO. - TAMPA
CUSTOMER PERC SALES REPORT

PAGE. 1

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	LN
05125	FLEETWOOD CLEANERS	F168250	07/08/02	1300014	PERC #DOMPER# - 15-GAL DRUM	3.0	DR
	4343 HENDERSON BLVD	F170050	07/29/02			3.0	DR
	TAMPA FL 33629	F172497	08/26/02			1.0	DR
		F173150	08/31/02			1.0	DR
		F173495	09/06/02			2.0	DR
		F174913	09/23/02			1.0	DR
		F176864	10/14/02			1.0	DR
		F178153	10/28/02			2.0	DR
		F179568	11/11/02			1.0	DR
		F181452	12/02/02			1.0	DR
		F182871	12/16/02			1.0	DR
		F183912	12/30/02			1.0	DR
		F185137	01/13/03			1.0	DR
		F185881	01/20/03			2.0	DR
		F187815	02/10/03			1.0	DR
		F188526	02/17/03			2.0	DR
		F190654	03/10/03			2.0	DR
		F192124	03/24/03			3.0	DR
		F194214	04/14/03			3.0	DR
		F196255	05/05/03			1.0	DR
		F198966	05/12/03			3.0	DR
		F200102	06/16/03			3.0	DR
		F201464	07/04/03			3.0	DR
TOTAL GALLONS:						600.0	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457440 DEC29 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

571192 10
FLEETWOOD CLEANERS
4343 Henderson Blvd #110
TAMPA, FL 33629

RECEIVED
DEC 30 2005
Bureau of Air Monitoring
& Mobile Sources

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

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445956 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# 571192 1stC
FLEETWOOD CLEANERS
4343 Henderson Blvd #110
TAMPA, FL 33629

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

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FEB 15 2005
Bureau of Air Monitoring
& Justice Sources

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0002 3938 7072

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

Postmark
Here

Sent To
 AIRS ID# 571192 1stC
 FLEETWOOD CLEANERS
 4343 Henderson Blvd #110
 TAMPA, FL 33629

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2002

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# 571192 1stC
 FLEETWOOD CLEANERS
 4343 Henderson Blvd #110
 TAMPA, FL 33629

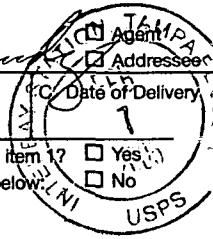
COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cristina Hernandez*

Agent
 Addressee

B. Received by (Printed Name): _____
 Date of Delivery: 7

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



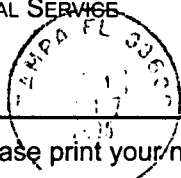
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0002 3938 7072

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

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

Bureau of Air
& Mobile Sources
Monitoring

FEB 9 2005

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0001



7003 2260 0003 5651 2448

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here
[Handwritten Signature]

ID# 571192
 Sen. JON TURNER
 FLEETWOOD CLEANERS
 4343 HENDERSON BLVD #110
 TAMPA, FL 33629

PS Form 3811, August 2001 See Reverse for 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:

ID# 571192
 JON TURNER
 FLEETWOOD CLEANERS
 4343 HENDERSON BLVD #110
 TAMPA, FL 33629

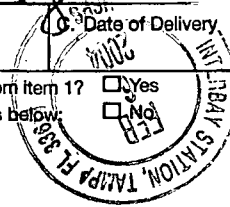
2 Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature] Agent Addressee

B. Received by *(Printed Name)* Date of Delivery

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

7003 2260 0003 5651 2448

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 2004

RECEIVED





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 remittance label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 571192
JON TURNER
FLEETWOOD CLEANERS
4343 HENDERSON BLVD #110
TAMPA, FL 33629

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

435776 FEB 27 2004
RECEIVED
Bureau of Air Mobility
& Mobile Support
603A1

Flee Wood Cleaners

43 43 Herbosa Blvd (Henderson)

TAMPA, FL 33629

Dept of Environmental Protection
Blair Stone Rd
TALLAHASSEE, FL 32399-2400