

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 22, 2003

Mr. Shafrat Ali  
Bayside Cleaners  
3032 Jodi Lane  
Palm Harbor, Florida 34684

Re: Facility No.: 0571199-002

Dear Mr. Ali:

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

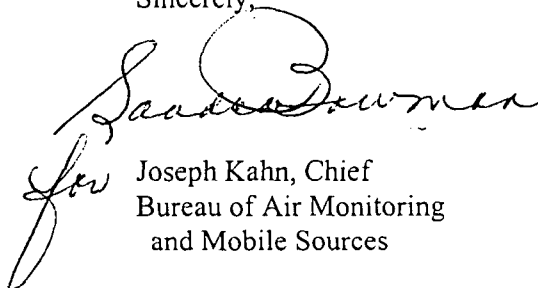
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Fees - 98-2002  
Soe - 4  
Compliance Status - IN  
(9/8/2003)

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP 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):	Bayside Cleaners (Gunn Inc)
2. Site Name (For example, plant name or number):	4802 Gunn Hwy suite 138
3. Hazardous Waste Generator Identification Number:	CE5QG
4. Facility Location: Street Address: City:	Tampa County: Hillsborough Zip Code: 34684
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<del>FL0980847271</del> 0571199-002

Responsible Official

6. Name and Title of Responsible Official: Name:	SHAFRAT ALI Title: President.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	3032 Jodi lane PALMHARBOR County: Hillsborough Zip Code: 34684
8. Responsible Official Telephone Number: Telephone:	(813) 264-5123 Fax: (813) 771-8764

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:	SAME AS ABOVE. County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	(813) 264 5123 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")
12-22-01	Existing/New	RC/CA/None required	SAME
_____	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 checked="" 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.*

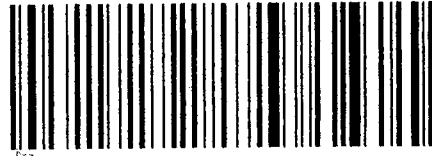
SHAFKAT ALI  
Print name of responsible official

Shafkat Ali  
Signature

9-11-03  
Date

Bayside Cleaners  
3032 Jodi Lane  
PALM HARBOR, FL 34684

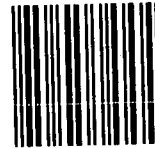
**CERTIFIED MAIL**



7002 0510 0003 0598 6589



0000



32399

U.S. POSTAGE  
PAID  
TAMPA, FL  
33615  
SEP 15, 03  
AMOUNT

**\$4.42**

00046267-15

GENERAL PERMITS SECTION  
Bureau of AIR Monitoring &  
Mobile Source,  
MS 5510  
Dept of Environmental Pro-  
2600 Blaine Stone Rd,  
TALLAHASSEE, FL 32399.  
2400

RETURN RECEIPT  
REQUESTED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

470168 FEB272007

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

Bill to address:

Bayside Cleaners

3032 Jodi Lane

Palm Harbor, FL 34684

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

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

AIRS ID#571199  
GUNN INC  
4802 Gunn Hwy Suite 138  
TAMPA, FLORIDA 33624

RECEIVED  
MAR 02 2007

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  
459745 MAR 6 2006

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# 571199 1st  
BAYSIDE CLEANERS  
4802 Gunn Hwy Suite 138  
TAMPA, FL 33624

FOR SOURCE OF AIR INFORMATION  
BY Mobile Sources  
MAR 08 2006

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.

GUNN, INC.

003447

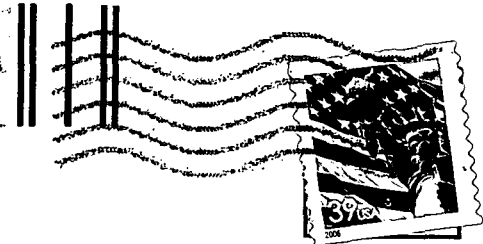
Licenses Expense

50.00

2/22/07 003447 Environmental Protection Agency \$50.00

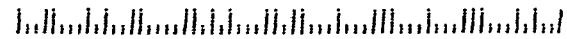
TAMPA FL 336

24 FEB 07 PM 7 T



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

323153070 BOSS



7003 2260 0003 5651 2240

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	ID# 571199

Postmark  
Here

Sent to: SHAFKAT ALI  
BAYSIDE CLEANERS  
Street or PO: 3032 JODI LANE  
City: PALM HARBOR, FL 34684

PS Form 3811, August 2001 Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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# 571199  
SHAFKAT ALI  
BAYSIDE CLEANERS  
3032 JODI LANE  
PALM HARBOR, FL 34684

2 Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

M T 70070 8496 2/10/04

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 2240

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

Bureau of Air Monitoring  
& Mobile Source

FEB 12 2004

RECEIVED



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

445018 JAN26 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# 571199 10  
BAYSIDE CLEANERS  
4802 Gunn Hwy Suite 138  
TAMPA, FL 33624

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

RECEIVED  
JAN 27 2005  
Bureau of Air Monitoring  
& Mobile Sources

*Printed on recycled paper.*

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 mailing label.

437803 MAR 25 2004

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 571199  
SHAFKAT ALI  
BAYSIDE CLEANERS  
3032 JODI LANE  
PALM HARBOR, FL 34684

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

Bureau of Air Monitoring  
& Mobile Source

MAR 31 2004

RECEIVED