

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

January 2, 2002

Mr. George Capote  
Al Capote's Bayshore  
2701 Price Avenue  
Tampa, Florida 33611

Re: Facility No.: 0571216-002

Dear Mr. Capote:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 10, 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"

Printed on recycled paper.

0571216-002

12/18/01

Spoke to George Capote and he stated he has 2 dry to dry machines on site. The previous fib shows 2/5/97 and 1/5/98 as initial purchase dates for the machines.

Page 15

1(c) Add dates of Initial Purchase for each machine.

New should be circled under Status for each machine

Page 16

4. New machines at small area source should be marked.

Page 17

Responsible official sign and date for changes made.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 1 0 2001

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

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):	GEORGE CAPOTE		
2. Site Name (For example, plant name or number):	AL CAPOTE'S BAYSHORE		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	2701 PRICE AVE		
Street Address:			
City:	TAMPA	County:	HILLS
		Zip Code:	33611
5. Facility Identification Number (DEP Use ONLY - do not fill in)			

0571216-002

Responsible Official

6. Name and Title of Responsible Official:	0571216-002		
Name:	GEORGE CAPOTE	Title:	PRES.
7. Responsible Official Mailing Address:	AL CAPOTE'S BAYSHORE		
Organization/Firm:	2701 PRICE AVE		
Street Address:	TAMPA	County:	HILLS
City:		Zip Code:	33611
8. Responsible Official Telephone Number:			
Telephone:	(813) 839-4344	Fax:	(813) 839-4803

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	SAME AS ABOVE		
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:

*New  
MANAGER*

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")
10/24/01	<u>Existing</u> /New	<u>RC</u> /CA/None required	SAME
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? N/A

How many dryers/reclaimers do you have on-site? N/A

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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".)

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:

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.*

GEORGE CAPOTE

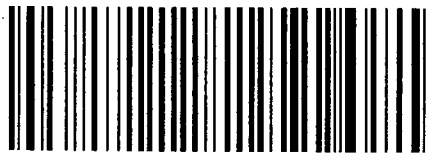
Print name of responsible official

  
Signature

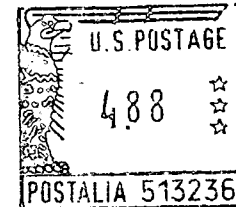
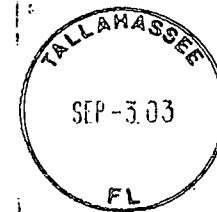
12/6/01  
Date

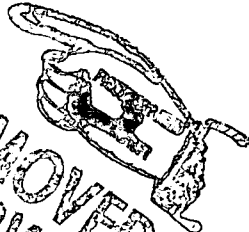
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

**CERTIFIED MAIL**



7003 0500 0004 0144 3292



  
**MOVED  
NOT FORWARDABLE**

*FOE*

**RECEIVED**

**SEP 10 2003**

Bureau of Air Monitoring  
& Mobile Sources

~~FL 0571216001AG  
ALCAPOTE'S CLEANERS -  
BAYSHORE  
MONTE BLEEDY  
4053 S DABNEY MABRY  
TAMPA FL 33611~~

7003 0500 0004 0144 3292

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

*Rec'd  
Oct 03  
mab04*

Total F **AL CAPOTE'S CLEANERS -**

**BAYSHORE**  
**MONTE J LEEDY**  
**4053 S DALE MABRY**  
**TAMPA, FL 33611**

PS Form 3800, June 2002

See Reverse for 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:

TO 057121600TAG  
**AL CAPOTE'S CLEANERS -**  
**BAYSHORE**  
**MONTE J LEEDY**  
**4053 S DALE MABRY**  
**TAMPA, FL 33611**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

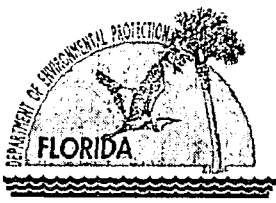
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. 7003 0500 0004 0144 3292





# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

(CUT HERE)

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.

LAST SUBMITTED  
12/10/2001  
PERMIT EXPIRES:  
1/10/07

468698 FEB 8 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

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

DO NOT  
CONTACT

AIRS ID# 571216  
AL CAPOTE'S CLEANERS  
2701 W Price Avenue  
TAMPA, FLORIDA 33611

FEB 12 2007

Bureau of Air Quality  
& Mobile Sources

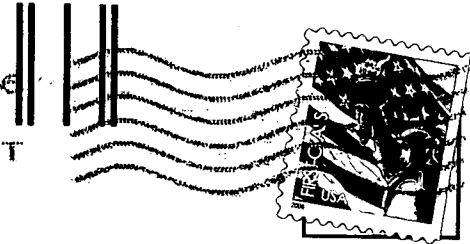
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

GEORGE CAPOTE (813) 839-4344

Printed on recycled paper.

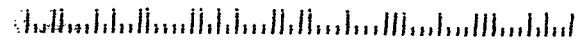
TAMPA FL 336

06 FEB 07 PM 1 T



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

323153070 8099



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

7000 0520 0020 9373 2309

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		

Postmark  
Here

AIRS ID# 0571216  
 MORRIS FONTE CLEANERS  
 P O BOX 18004  
 TAMPA FL 33679-8004

PLACE STICKER AT TOP OF ENVELOPE  
**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# 0571216  
 MORRIS FONTE CLEANERS  
 P O BOX 18004  
 TAMPA FL 33679-8004

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
<i>L. Doiley JR</i>	<i>2-15-82</i>
C. Signature	<input type="checkbox"/> Agent
<i>[Signature]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

Service Type	
<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.
Restricted Delivery? <i>(Extra Fee)</i>	<input type="checkbox"/> Yes

2 Article Number *(Copy from service label)*  
 70000520002093732309

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 •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 2002  
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7004 2510 0002 3939 1086

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

Postmark  
Here

Total Postage: AIRS ID#0571216.....2<sup>nd</sup> Cert 05  
 AL CAPOTE'S CLEANERS - BAYSHORE  
 Sent To: 2701 W Price Avenue  
 TAMPA, FL 33611

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

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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#0571216.....2<sup>nd</sup> Cert 05  
 AL CAPOTE'S CLEANERS - BAYSHORE  
 2701 W Price Avenue  
 TAMPA, FL 33611

2 Article Number

(Trans)

7004 2510 0002 3939 1086

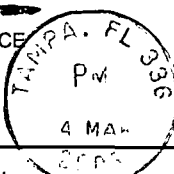
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  X *Lucy Capote*  Agent  Addressee
- B. Received by (Printed Name) *LUCY CAPOTE* C. Date of Delivery *7-4-05*
- 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

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 •

DAFW MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 0810  
2000 OLIVE STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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MAR 7 2005  
BUREAU OF ENVIRONMENTAL PROTECTION



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7004 2510 0002 3938 7089

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	AL CAPOTE'S CLEANERS - BAYSHORE	
Street, Apt. No., or PO Box No.	2701 W Price Avenue	
City, State, ZIP	TAMPA, FL 33611	

PS Form 3800

**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# 571216 1stC  
 AL CAPOTE'S CLEANERS -  
 BAYSHORE  
 2701 W Price Avenue  
 TAMPA, FL 33611

2. Article Number  
*(Transfer from service label)*

7004 2510 0002 3938 7089

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

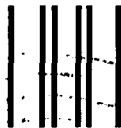
B. Received by (Printed Name) Capote C. Date of Delivery 2/7/05

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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 Monitoring  
& Mobile Sources

FEB 9 2005

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0001





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

AIRS ID# 571216 1st  
AL CAPOTE'S CLEANERS -  
BAYSHORE  
2701 W Price Avenue  
TAMPA, FL 33611

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

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FEB 27 2006  
Bureau of Economic Analysis

Do NOT Remove Label

**TOTAL AMOUNT DUE: \$50.00**

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

459167 FEB23 2006

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447592 FEB25 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# 571216 1st  
AL CAPOTE'S CLEANERS -  
BAYSHORE  
2701 W Price Avenue  
TAMPA, FL 33611

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

RECEIVED  
MAR 1 2005  
Bureau of Economic Analysis  
& Mobile Sources

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436758 FEB23 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

571216  
GEORGE CAPOTE  
AL CAPOTE'S CLEANERS - BAYSHORE  
2701 PRICE AVENUE  
TAMPA FL 33611

RECEIVED  
FEB 27 2004  
Bureau of Air Mail  
& Mobile Services  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0571216  
AL CAPOTE'S CLEANERS - BAYSHORE  
GEORGE CAPOTE  
2701 PRICE AVENUE  
TAMPA FL  
33611

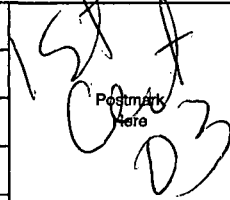
RECEIVED  
JAN 17 2004  
Bureau of Air Mail  
& Mobile Services  
421702 JAN13 2003  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

7003 2260 0003 5651 2431

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		Postmark Here

ID# 571216

Sent To: **GEORGE CAPOTE**  
 Street, or PO: **AL CAPOTE'S CLEANERS BAYSHORE**  
**2701 PRICE AVENUE**  
 City, State: **TAMPA, FL 33611**

PS Form 3811, August 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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# 571216  
 GEORGE CAPOTE  
 AL CAPOTE'S CLEANERS BAYSHORE  
 2701 PRICE AVENUE  
 TAMPA, FL 33611

2 Article Number  
 (Transfer from service label)

7003 2260 0003 5651 2431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) Michael Capote C. Date of Delivery 2-6

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

3. Service Type  
 Certified Mail  Express Mail  
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 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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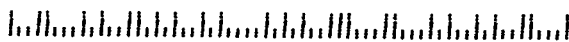
• Sender: Please print your name, address, and ZIP+4 in this box •

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
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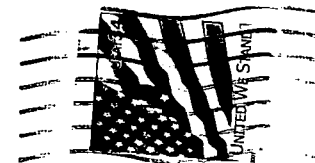
Total P

MORRIS FONTE CLEANERS & LAUNDRY

Sent To MONTE J LEEDY  
4053 S DALE MABRY  
Street, Apt  
or PO Box TAMPA FL  
City, State 33611



3020 W. Kennedy Blvd. • Tampa, Florida 33609  
2701 W. Price Ave. • Tampa, Florida 33611



BUREAU of AN MONTGOMERY  
Dept of E.P.  
2000 BLAIR STONE RD  
TALLAHASSEE FL 32399

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