

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 14, 2000

Mr. David Costa
Eagle Cleaners
1100 North 50th Street
Tampa, Florida 33619

Re: Facility No.: 0571257-001

Dear Mr. Costa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 9, 2000.

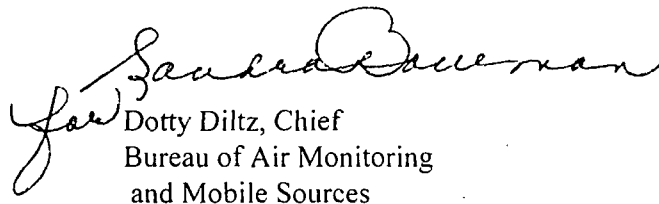
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:AM TIME OUT: 10:30M AIRS ID#: 0541254-001
 TYPE OF FACILITY: Perc Dry cleaners
 FACILITY NAME: Eagle cleaners DATE: 10-5-00
 FACILITY LOCATION: 1800 N. Alhambra Ave
Tampa, FL 32606
 RESPONSIBLE OFFICIAL: David Costa PHONE NUMBER: (813) 248-8444

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 NOV 13 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 3 MONTH
 (Approximate)

INSPECTION CONDUCTED BY: Mohammad NOZARI
 (Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: 813-272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: _____ DATE: 10-5-00 TIME IN: 9:AM TIME OUT: 10:30AM
FACILITY NAME: Eagle Cleaners
FACILITY LOCATION: 1500 North Accline St.
Tampa, FL 33606
RESPONSIBLE OFFICIAL: David Costa PHONE: (813) 248-8444
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
2. Facility failed to notify DARM to use general permit SNC

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
(check appropriate box) Drop store/out of business/petroleum

- A.
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number A.1. above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
- Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mohammed NOZARI
Inspector's Name (Please Print)

10-5-00
Date of Inspection

M. Nozari
Inspector's Signature

3 MONTHS
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Eagle Cleaners	PAGE 1 OF 1
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FACILITY ADDRESS: 1500 North Ac/line Avenue	CITY: Tampa PHONE: (813)248-8444
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MAILING ADDRESS: Same	CITY: Tampa	FLA	ZIP: 33606
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INSPECTION DATE: October 5, 2000	TIME IN: 9:00 AM	TIME OUT: 10:30 AM	INSPECTION TYPE: Annual	STATUS: In Compliance
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NEDS NUMBER: 057

SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner

CONTACT(S): David J. Costa

The purpose of the visit was an annual inspection. We found the following:

1. This was the initial inspection
2. The gauge temperature reading will be recorded weekly.
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc loaded directly with a hookup connection. No container of perc was at the site.
5. The machines were in operation today. No leaks or odors were noticed.
6. The waste from the dry cleaning machine will be properly store in the tied lid containers to be disposed in accordance with regulations.
7. There is an owner's manuals kept on site the manual include startup, shutdown and malfunction plan.
8. The models of dry cleaning machine is as follows:
 Hero Tech Com33
 Serial No #25485

Note: we will make another inspection within next 3 months to inspect his record keeping.

INSPECTED BY: Mohammad Nozari	DATE: October 5, 2000
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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.

RECEIVED
NOV 9 2000
Bureau of Air Monitoring
& Noise Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Chadwick Ext Inc.</i>
2. Site Name (For example, plant name or number): <i>Eagle Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLR0000 08296</i>
4. Facility Location: Street Address: City: <i>1100 N 50th St Tampa FL</i> County: <i>Hillsborough</i> Zip Code: <i>33619</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0011251-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>David Costa</i> Title: <i>Pres Owner</i>	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1523 Ledgestone</i> City: <i>Brandon</i> County: <i>FL</i> Zip Code:	
8. Responsible Official Telephone Number: Telephone: () - Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: <i>SAME AS ABOVE</i> 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? 1

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")
<u>Sept 6</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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? 0

How many dryers/reclaimers do you have on-site? 0

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?

83 gallons (You must fill this in)

(b) If less than 12 months, how many? Sept, 2000 months *Initial order*

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening Sept 6, 2000)

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

David J. Costa

Print name of responsible official

[Handwritten Signature]

Signature

Nov 8 2000

Date

*I Am Re Submitting this Form
I Fax a Copy on Sept 6, 2000 which
was not received*

813-247-9555

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.

Bureau of Air
& Mobile Sources
Monitoring

RECEIVED
NOV 13 2000

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
x Chadwick Enterprises Inc.
2. Site Name (For example, plant name or number):
x Eagle Cleaners
3. Hazardous Waste Generator Identification Number:
x
4. Facility Location: Street Address: City: 1100 N. 50 th St Building 2 Suite 245 Tampa County: Hillsborough Zip Code: 33619
5. Facility Identification Number (DEP Use ONLY - do not fill in):
057R57-001

Responsible Official

6. Name and Title of Responsible Official: Name: David Costa Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1523 Hedgokone Drive City: Brandon County: Hillsborough Zip Code: 33511
8. Responsible Official Telephone Number: Telephone: (813) 247-9555 Fax: (813) 258-3344
x

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
x David Costa
10. Facility Contact Address: Street Address: 1100 N 50 th St. Building 2 Suite 245 City: Tampa County: Hillsborough Zip Code: 33619
11. Facility Contact Telephone Number: Telephone: (813) 247-9555 Fax: (813) 258-3344
x

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")
8/30/00	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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")
8/30/00	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	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) *STARTUP*

(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 type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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

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I will promptly notify the Department of any changes to the information contained in this notification.

X David J. Costa
Print name of responsible official

X [Signature]
Signature

X Sept 6, 2000
Date

Plant Name: EAGLE CLEANERS

Address: 1100 N. 50th STREET

Make: HERO Tech Com 33 Model No. "COMMANDER 33"

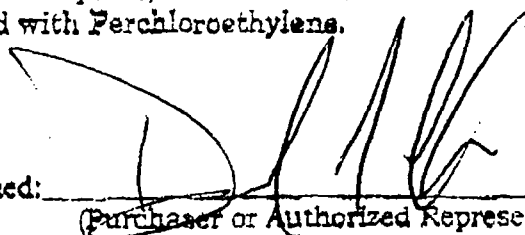
Serial No. # 25485

IMPORTANT NOTICE

The equipment you have purchased is designed for use with Perchloroethylene solvent, also known as "perc", which has been deemed to be a hazardous substance. You must take appropriate precautions during the handling, use, storage and disposal of this substance, as well as any other articles or materials which come in contact with Perchloroethylene including wastes, parts, or devices, so as to avoid any discharge or release of Perchloroethylene to the environment. You should take appropriate precautions in disposing of, among other things, used (spent) filter cartridges, still residues, lint, waste water from the water separators or other waste materials.

It is your responsibility to comply with all applicable laws, regulations and ordinances pertaining to the handling, use, storage and disposal of Perchloroethylene as well as all other parts, devices or materials that have come into contact or been contaminated with Perchloroethylene.

Signed:



(Purchaser or Authorized Representative)

DAVID COSTA
(Print Name of Signer above)

Date: 9/8/00

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: ~~14 Nov~~ 2000 07:09am

From: Sandy Bowman TAL
BOWMAN_S

Dept: Air Resources Management

Tel No: 850/921-9583

To: Nozari@epcjanus.epchc.org

CC: William Davis TAL (DAVIS_W)

CC: shelton@epcjanus.epchc.org

Subject: RE: Eagle Cleaners # 0541254-001

Mohammad,

We received a notification form for Eagle Cleaners on November 9, 2000. the location address for this facility is 1100 N 50th Street in Tampa.

The notification form for Eagle Cleaners we received along with the inspection checklist on November 13, 2000 identifies the location address for this facility as 1500 N 50th Street. This form also identifies the facility contact as David Costa at 1100 N 50th Street. Additionally, the address on the corresponding inspection checklist identifies the location as 1500 N Acline Ave.

I am not certain if this only one facility or three separate facilities, all owned by David Costa. I would appreciate it if you would straighten this out for me. In the meantime, the notification form received on November 9 (1100 N 50th St) is being reviewed for entitlement. I am holding the notification form received on November 13 (1500 N 50th St) and the checklist (1500 N Acline Ave) until I hear from you.

Thanks for looking into this for me.

Sandy

*JD called
facility
11/16/00
Mr. Costa has
said the
facility at
1100 N 50th St.*

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446111 FEB11 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# 571257 1stC
EAGLE CLEANERS
1100 50th Street
TAMPA, FL 33619

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

Printed on recycled paper.

Director of Air Monitoring
& Mobile Sources

FEB 15 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466827 JAN 8 2007

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

EXPIRED PERMIT: 12/10/2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 571257 ✓
 CHADERICK ENT INC
 1100 50th Street
 TAMPA, FLORIDA 33619

Bureau of
& Mobile Sources
 JAN 19 2007

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

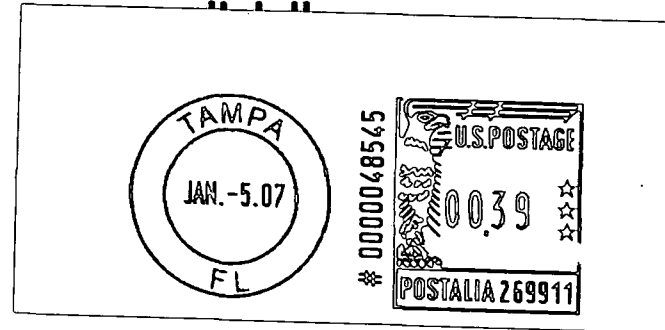
FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

~~813 248 8444 506~~
 DAVID COSTA
 813 247-9555 F 813 258-3344

Printed on recycled paper.

mcosta@tampabay.rr.com

EAGLE CLEANERS
 301 W PLATT ST UNIT 102
 TAMPA FL 33606



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



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Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		

AIRS ID# 571257 1stC

Sent To **EAGLE CLEANERS**

Street, Apt. No.,
or PO Box No. **1100 50th Street**

City, State, ZIP+4 **TAMPA, FL 33619**

PS Form 3800, June 2002. See Reverse for Instructions

7004 2510 0002 3938 7294

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:

EAGLE CLEANERS 0571257
 1100 50th Street
 TAMPA, FL 33619

AIRS ID# 571257 1stC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **DAVIS COSTA**

C. Date of Delivery **2/2/05**

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

3. Service Type

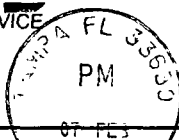
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Transfer from service label) 7004 2510 0002 3938 7294

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Postage & Fees Paid
USPS
Permit No. G-10

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

ENVIRONMENTAL PROTECTION
DEPARTMENT
MOBILE SOURCE CONTROL
2300 BLUE HILL ROAD
TALLAHASSEE, FLORIDA 32309-2400

Environment
& Marine
Source
Control

FEB 9 2005

RECEIVED

9599/9999





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436315 FEB12 2004

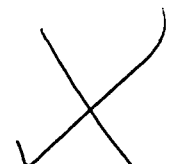
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

571257
DAVID COSTA
EAGLE CLEANERS
1523 LEDGESTONE
BRANDON FL 33619

RECEIVED
FEB 18 2004
Bureau of Air Monitoring
& Mobile Sources



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412852 JAN10 2002

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

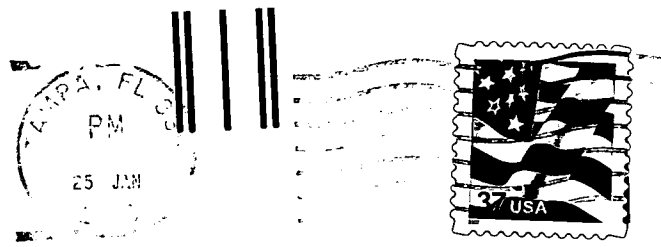
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

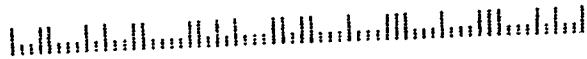
AIRS ID# 0571257
EAGLE CLEANERS
DAVID COSTA
1523 LEDGESTONE
BRANDON FL 33619

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





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

32315+3070 99 

TOTAL AMOUNT DUE: \$50.00

422251 JAN 27 2003

Do **NOT** Remove Label

AIRS ID#0571257
EAGLE CLEANERS
DAVID COSTA
1523 LEDGESTONE
BRANDON FL
33511

RECEIVED
FEB 03 2003
Bureau of Air Monitoring
& Mobile Sources

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 is located on the mailing label.

458318 JAN 23 2006 RECEIVED

JAN 25 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

571257 10
EAGLE CLEANERS
1100 50th Street
TAMPA, FL 33619

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

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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. 		A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ID# 571257 DAVID COSTA EAGLE CLEANERS 1523 LEDGESTONE BRANDON, FL 0		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer from sender)		3. Service Type <input 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

7003 2260 0003 5651 2271

1222 1595 E000 0922 E001

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to	ID# 571257
Street or PO	DAVID COSTA
City, State	EAGLE CLEANERS
	1523 LEDGESTONE
	BRANDON, FL 0
PS Form 3811, August 2001	Instructions

MS# 5510 MC Acct # 5521

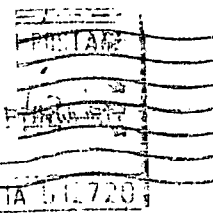
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7003 2260 0003 5651 2271

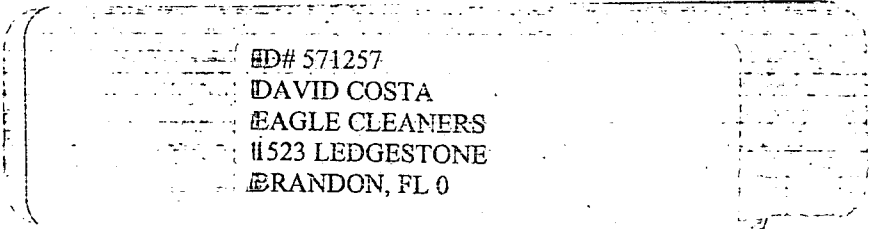
RETURN TO SENDER - UNDELIVERABLE TO ADDRESSEE



Bureau of Air Mail
P. Mobile Services

FEB 12 2004

RECEIVED



ED# 571257
DAVID COSTA
EAGLE CLEANERS
11523 LEDGESTONE
RANDON, FL 0

32399/2400