



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

February 21, 2007

Mr. David J. Costa
Eagle Cleaners
2520 Centennial Falcon Drive
Valrico, Florida 33594

Re: Facility No.: 0571257-002

Dear Mr. Costa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 19, 2007.


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,



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Lynn Robinson, Hillsborough County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2001-2004
SOC REPORT .6.....
COMP. STATUS - SNC MNC (IN)

TRPT_SOCR - Statement of
Compliance Report

Insp - Hillsborough Co - Lynn Robinson

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

AUG 28 2008

FLDEP Facility ID Number: 593507015 FTED

The name and address of the owner or operator; 0571257

David J. Costa
Name of the owner or operator of the dry cleaning facility

2520 Centennial Falcon Drive
Mailing address of the owner or operator of the dry cleaning facility

V
Mailing address line 2

VANILE FL 33596
City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

Eagle Cleaners
Name of the dry cleaning facility

1100 N. 50th St, Building 1
Address of the dry cleaning facility (physical location)

TAMPA FL
Address line 2

TAMPA FL 33617
City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence, even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

- Major Source: Perc consumption is greater than 2100 gallons/year
- Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 110 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

David J. Costa
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

RECEIVED

JAN 19 2007

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Surface, Air, Ground
& 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): DAVID S. Co Chadzeck Enterprises Inc. DBA Eagle Cleaners
2. Site Name (For example, plant name or number): Plant A.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1100 N 50 th St City: TAMPA FL 33619 County: Hillsborough USA Zip Code: 33619
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571257-002

Responsible Official

6. Name and Title of Responsible Official: Name: David J. Costa Title: Owner / Operator
7. Responsible Official Mailing Address: Organization/Firm: Chadzeck Ent Inc. Street Address: 2520 CENTENNIAL FALCON DRIVE City: VALRICO FL County: Hillsborough Zip Code: 33594
8. Responsible Official Telephone Number: Telephone: (813) 654-1944 Fax: (813) 681-6735

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): David Costa DR WILSON ALVAREZ
10. Facility Contact Address: Street Address: 1100 N. 50 th St City: TAMPA County: FL Hillsborough Zip Code: 33619
11. Facility Contact Telephone Number: Telephone: (813) 247-9555 Fax: () SAME

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")
<u>August 2000</u>	Existing/New	RC/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?

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 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

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

[Signature]
Signature

1/12/07
Date

Dibble, Dickson

From: Dibble, Dickson
Sent: Thursday, January 11, 2007 10:22 AM
To: 'mcosta@tampabay.rr.com'
Cc: Bowman, Sandy
Subject: AIRS ID# 0571257, CHADERICK ENT INC d.b.a. EAGLE CLEANERS

Tracking:	Recipient	Delivery	Read
	'mcosta@tampabay.rr.com'		
	Bowman, Sandy	Delivered: 1/11/2007 10:22 AM	Read: 1/11/2007 1:10 PM

Dear Mr. David Costa,

It was a pleasure to speak with you today regarding your Perchloroethylene Dry Cleaner Air General permit and the renewal process. As I mentioned in our conversation the permit for your dry cleaning facility expired on December 10, 2005. Air General Permits are valid for a period of five (5) years and your last registration was submitted on November 09, 2000.

Below you will find the link to the subject item registration form. You may download and print the form from there. If you are the Responsible Official, please complete the form, print your name, sign your name and date the last page of the form. The form itself begins on page 14 and ends on page 17. Pages 1-13 provide an overview of the rule, and pages 18 thru 19 provide directions for completing the form.

[http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900\(2\).pdf](http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900(2).pdf)

Mail the signed and completed Part III of this form as soon as possible to:

General Permits Section
 Bureau of Air Monitoring and Mobile Sources, **MS 5510**
 Department of Environmental Protection
 2600 Blair Stone Road
 Tallahassee, FL 32399-2400

Please keep a copy of the form for your records in the event your facility is visited by an inspector. From the date your form is received, your application will proceed thru a 30 day review period. Please fill out the form completely and according to the characteristics of your facility. Please don't forget to sign and date the form.

DO NOT SEND MONEY! We have already received your annual fee for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

Sincerely,

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586

1/24/2007

ICG-#345

Dickson.Dibble@dep.state.fl.us

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Over night

Facility Name and Location

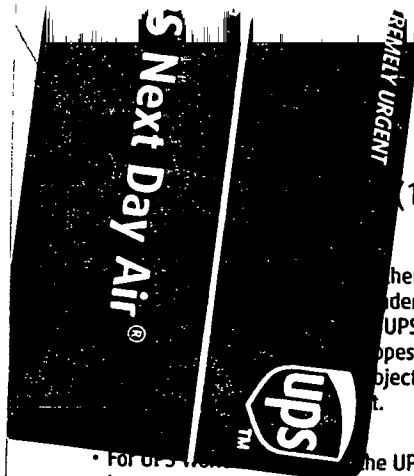
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



BUREAU OF AIR MONITORING & MOBILE
2600 BLAIRSTONE RD
STOP 5510
TALLAHASSEE FL 32399-6542

envelope is for use with the following s

BEST AVAILABLE COPY

1-800-742-5 P: RED S: OUT I:

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LMMJXH FLTAL119 Jan 19 06:27:39 2007
TB 3230 HIP 5.10.3 INT4420

FROM DAVID ACOSTA
(813) 251-9593
THE UPS STORE #3751
301 W PLATT ST
TAMPA FL 33606-2202

LTR 1 OF 1

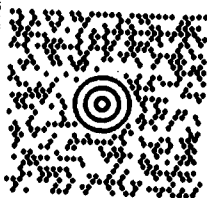
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Do not send cash or cash equivalent.

SHIP GENERAL PERMITS SECTION
TO: BUREAU OF AIR MONITORING & MOBILE
STOP 5510
2600 BLAIRSTONE RD

TALLAHASSEE FL 32399-6542



FL 323 0-01



UPS NEXT DAY AIR

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1



BILLING: P/P

REF #2: AR

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ISH 7.00 E2844 60.1A 10/2006

o Intern.

Edge Cleaner
301 W. Platt St
Tampa FL 33606

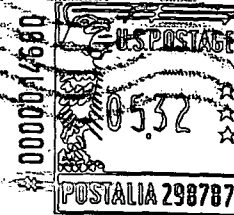
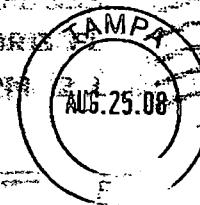
CERTIFIED MAIL™



7008 0150 0002 8764 7641

TAMPA FL 336

PETER SAUR
AUG 2008 PM



Florida Dept. of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Rd, MS # 5510
Tallahassee, FL. 32399-2400

3239938542 0001

