

# Department of Environmental Protection

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

David B. Struhs Secretary

April 2, 2001

Mr. Art Benes Imperial Cleaners 11691 Sheldon Road Hillsborough, Florida 33626

Re: Facility No.: 0571264-001

Dear Mr. Benes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 1, 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

alexauoran

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

3/22/2001

Spoke to Mrs. Art Benes ond she steel the dry to dry nachine has a chiller (BC) as a control device. It was installed on the machine on 2/23/2001. She also stated that the Boiler in the facility is 20 HP.

P15 (a) RC should be eircled.

p/65. Add lossepower in first slot.

P17 Responsible Official siegn and date for changes made.

# PERCHLOROETHYLENE DRY CLEANER RECEIVED AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit 1 2001

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
SURCE-FIT FORMALWEAR INC  2. Site Name (For example, plant name or number):	ART BENES		
2. Site Name (For example, plant name or number):			
IMPERIAL CLEANERS			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: 11691 SHELDON R			
City: TAMPA HILLS BOUROUG	Zip Code: <b>3362</b> 4		
Sepacitical dentification (Number (DEP) USE (ONEY) Control			
Responsible Official			
6. Name and Title of Responsible Official:	T'11 0		
Name: ART BENES	Title: President		
7. Responsible Official Mailing Address:			
Organization/Firm: Street Address: //64/ SHCLOON Red City: County: TAMPA HickBoorcough  8. Responsible Official Telephone Number:			
City: County:	Zip Code:		
TAMPA HILBOUROUGH	7 33626		
8. Responsible Official Telephone Number:			
Telephone: (813) 792 - 972 7	Fax: ( ) -		
•	( /		
Facility Contact (If different from Responsible Official)			
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant m			
9. Name and Title of Facility Contact (For example, plant m  10. Facility Contact Address:			
9. Name and Title of Facility Contact (For example, plant m  10. Facility Contact Address:			
9. Name and Title of Facility Contact (For example, plant m  10. Facility Contact Address:			
9. Name and Title of Facility Contact (For example, plant m  10. Facility Contact Address:  Street Address:  City:  County:	nanager):		
9. Name and Title of Facility Contact (For example, plant m  10. Facility Contact Address:  Street Address:	nanager):		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### Facility Information

1.(a) DRY-TO-DRY MA	ACHINES ONLY		
	.01111 (20 01 (21		
How many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
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")
2:23-01	Existing Nev	RC/CA/None required	SAME
	Existing/Nev	w RC/CA/None required	
·	Existing/Nev	w RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo			·
How many dryers/reclaim	*	in-site? [ ]	
			December 9, 1991 and September 22 wed to operate under this general promation:
permit). For each transfe Date Initially Purchased		after September 22, 1993 are allo, please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of
permit). For each transfe Date Initially Purchased	er machine on-site	, please provide the following info	wed to operate under this general ormation:  Date Control Device Installed
permit). For each transfe Date Initially Purchased	er machine on-site	, please provide the following info	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of
permit). For each transfer	Status (circle one)	, please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of
	Status (circle one)  Existing/New	, please provide the following info Control Device Required* (circle one) RC/CA/None required	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of
permit). For each transfer	Status (circle one)  Existing/New Existing/New Existing/New	RC/CA/None required  RC/CA/None required  RC/CA/None required	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transfer	Status (circle one)  Existing/New Existing/New Existing/New	RC/CA/None required  RC/CA/None required  RC/CA/None required	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of
permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	Status (circle one)  Existing/New Existing/New Existing/New Existing/New	RC/CA/None required  RC/CA/None required  RC/CA/None required	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE K 2.(a) How much perchlo	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K  2.(a) How much perchlo	Status (circle one)  Existing/New Existing/New Existing/New Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K  2.(a) How much perchlo  (b) If less than 12 more	Status (circle one)  Existing/New Existing/New Existing/New Existing/New  EY: RC = re roethylene (perc)   ns (You must fill nths, how many? [	RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  nonths?
*CONTROL DEVICE K  2.(a) How much perchlo (b) If less than 12 more	Status (circle one)  Existing/New Existing/New Existing/New Existing/New  EY: RC = re roethylene (perc)   ns (You must fill nths, how many? [	RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =	wed to operate under this general ormation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nonths?

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based of Indicate with an "X". Select one classification of				
Small Área Source	-			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)			
Large Area Source				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (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 No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [] []				
What type of fuel do you use? propane No. 2 fu No. 6 fu	el oil No. 4 fuel oil			
6. Equipment Monitoring and Recordkeeping Inform	mation .			
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				
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan				
(e) Startup, shutdown, malfunction plan				

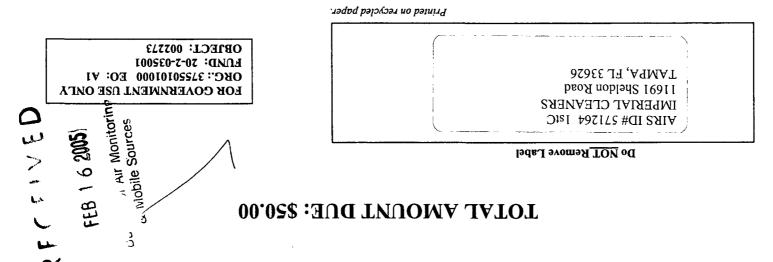
DEP Form No. 62-213.900(2) Effective: 2/24/99

<ol><li>Surrender</li></ol>	of Existing DEP Air Permit(s)
Please indica	ate 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
this noti stateme maintai comply I will pr	adersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  From the Department of any changes to the information contained in this notification.  TRENES  The of responsible official  Date

DEP Form No. 62-213.900(2)

Effective: 2/24/99

446248 FEB14 2006 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.



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



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571264 10 IMPERIAL CLEANERS 11691 Sheldon Road TAMPA, FL 33626 FLAIR ACCT. CODE 372020350013755010000
BENIETTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

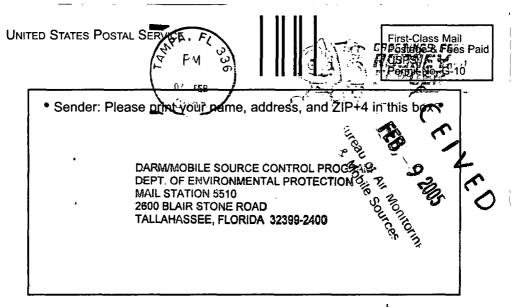
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FUND: 20-2-035001 OBJECT: 002273

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4 D D C	Sent To IMPERIAL CLEANERS 11691 Sheldon Road Street, Apt. No.; or PO Box No. City, State, 2/P+4
	PS Form 3800, Jun 200

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  XPEQUY CLUC Agent  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
AIRS ID# 571264 1stC IMPERIAL CLEANERS 11691 Sheldon Road	If YES, enter delivery address below:
TAMPA, FL 33626	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
2 Article Number 7004 25	4. Restricted Delivery? (Extra Fee)
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# **TOTAL AMOUNT DUE: \$50.00**

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Obj.: 002273



435807 JAN29 2004

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ART BENES IMPERIAL CLEANERS 11691 SHELDON ROAD TAMPA FL 33626 FEB 2 2 PEB 2 PEB



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**

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