

Department of Environmental Protection

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

David B. Struhs Secretary

December 27, 2001

Mr. Eddie Alverio Eddie's Custom Cleaners 529 South MacDill Avenue Tampa, Florida 33609

Re: Facility No.: 0571277-001

Dear Mr. Alverio:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 26, 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

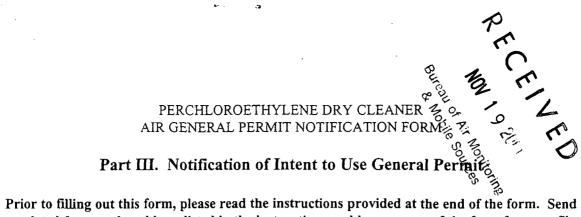
cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

1/26 Called & left message

057/277-00/ page 15 1.(a) Ney should be seicled under Status. RC should be sincled under Control
Device Required.
add Date Control Device Installed. Responsible official sign and date for chongs. Spoke to Morgie hutterford and Bhe stated that the dry to dry machine has a refrigerated condenser built into the system. 11/29/01



completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location ECC ENTERPRISES, INC. 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Eddie's Custom Cleaners (DBA)	_
2. Site Name (For example, plant name or number):	
529 So. Mac Dill Ave	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 529 So. Mac Dill Ave.	
City: Tampa County: Hillsboro Zip Code: 33609	
Security agent the from the first of the fir	
	^ ~
Responsible Official OS//Z///	20
6. Name and Title of Responsible Official:	
Name: Eddie Alveria President	,
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 529 So. Mac Dill Ave-	
City: Tampa County: Hills boro Zip Code: 33609-2042	
8. Responsible Official Telephone Number:	
Telephone: (8/3) 875-6700 Fax: (8/3)875-0121	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Margie Rutherford Production Mor.	
10. Facility Contact Address:	
Street Address: 529 So. Mac Dill Aux.	
City: Tampe County: Hills boro 33609-2042	
11. Facility Contact Telephone Number:	
Telephone: (8/3) - Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry macl	nine on-site, pleas	e provide the following information	on:
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")
7-23-01	Existing/Ne	RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser · CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		•
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased no units purchased	l from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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 K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
2 (a) How much perchlor	roethylene (perc)	have you used within the last 12 n	nonths?
, ,	ns (You must fill	-	
(b) If less than 12 mor	iths, how many? [] months	
• •		: New owner: [] Did not kee	p records: []
		New store: [X] New machine	
		Unopened store [] (date of e	expected opening

-	y's source classification"X". Select one class		efinitions found in s	ection (3) of Part II?
Small Area	Source			
Tra	y-to-dry machines onl unsfer only on-site th machine types on-s	(used	less than 140 gallon less than 200 gallon less than 140 gallon	s of perc per year)
Large Area	Source	[]		
Tra	y-to-dry machines onl insfer only on-site th machine types on-s	(used	140 - 2,100 gallons 200 - 1,800 gallons 140 - 1,800 gallons	of perc per year)
4. What control techr (Indicate with an		machines pursua	nt to section (5) of F	Part II of this notification form?
Existing ma (NONE REC	chines at small area s QUIRED) []	ource	New machines a Refrigerated con	t small area source denser []
Existing ma Carbon adso Refrigerated	<u></u> ,	Durce	New machines a Refrigerated con	t large area source denser []
	A.C. Verify that all st	eam and hot wate	er generating units of	o use the general permit pursuant to on-site meet the following e criteria).
All steam and hot wa No such units on-site	-	xempt [<u> </u>	OR	
How many boilers do	you have on-site?	[]		
For each boiler, indic	ate its horsepower (H	P) rating: [Æ	[]	
What type of fuel do	[]	propane No. 2 fuel oil No. 6 fuel oil	natural ga [] No. 4 fue [] Other (ple	loil
6. Equipment Monito	oring and Recordkeep	ing Information		
Check all logs which	are required to be ke	pt on-site in acco	rdance with the req	uirements of this general permit:
(a) Purchase receipts	and solvent purchase	s/solvent addition	log	
(b) Leak detection ins	spection and repair			
(c) Refrigerated cond	enser temperature mo	nitoring		
(d) Carbon adsorber e	exhaust perc concentr	ation monitoring		
(e) Startup, shutdown	n, malfunction plan			

7. Surrender o	of Existing DEP Air Permit(s)
	e 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
[X]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Importly notify the Department of any changes to the information contained in this notification. THE ALVELIA The of responsible official

COMMISSION

PAT FRANK
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
RONDA STORMS
STACEY EASTERLING



ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION THE ROGER P. STEWART ENVIRONMENTAL CENTER 1900 - 9TH AVENUE • TAMPA, FLORIDA 33605 PHONE (813) 272-5960 • FAX (813) 272-5157

> AIR MANAGEMENT DIVISION FAX (813) 272-5605

WASTE MANAGEMENT DIVISION FAX (813) 276-2256

WETLANDS MANAGEMENT DIVISION FAX (813) 272-7144

1410 N. 21ST STREET • TAMPA, FLORIDA 33605

RECEIVED OF M. Monitory

EXECUTIVE DIRECTOR RICHARD D. GARRITY, Ph.D.

November 19, 2001

Mr. Rick Butler Bureau of Air Monitoring and Mobile Sources, MS 5510 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399

Re: General Permit

Dear Mr. Butler:

As per our telephone conversation on November 19th, I'm forwarding a copy the general permit notification for perchloroethylene dry cleaners from ECC Enterprises, Inc. Please inform me, via email or telephone, of the permit id number when it is assigned. Thank you.

If you have any question regarding this matter, please don't hesitate to contact me.

Sincerely yours,

Alain G. Watson < watsona@epchc.org>

Senior Engineer

Air Management Division

Enc.

0571277

www.epchc.org

E-Mail: epcinfo@epchc.org



PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit EPC of HC

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 ECC ENTERPRISES, INC. 10
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Eddie's Custom Cleaners (DBA) 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
529 So. Mac Dill Ave.
3. Hazardous Waste Generator Identification Number:
S Total
4. Facility Location: Street Address: 529 So. Mac Dill Ave.
City: 52 Tampa County: Hillsboro Zip Code: 33609
Sze Pacility-Identification Number (DEP Use ONEY = do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: Eddie Alveria President
7. Responsible Official Mailing Address:
Organization/Firm:
Organization/Firm: Street Address: 529 So. Mac Dill Ave-
City: Tampa County: Hills boro 33609-2042
8. Responsible Official Telephone Number:
Telephone: (8/3) 875-6700 Fax: (8/3)875-0121
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Margie Rutherford Production Mor. 10. Facility Contact Address:
10. Facility Contact Address:
Street Address: 529 So. Mac Dill Ave.
City: Tampe County: Hills boro Zip Code: 33609-2042
11. Facility Contact Telephone Number:
Telephone: (8/3) - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONLY	<i>(</i>	
How many dry-to-dry ma	achines do you hav	e on-site?	
For each dry-to-dry mach	hine on-site, please	provide the following informatio	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")
7-23-01	Existing/Ne	RC/CA/None required	
	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	ou have on-site?	[]	
How many dryers/reclaim	ners do you have o	n-site? []	
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased no units purchased er machine on-site	from the manufacturer between E after September 22, 1993 are allo, please provide the following info	
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 K	EY: RC = re	frigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc) h	ave you used within the last 12 m	onths?
[<u>O</u>] gallo	ns (You must fill t	his in)	
(b) If less than 12 mor	nths, how many? [_] months	
		New owner: [] Did not keep	p records: []
	•	New store: [\(\text{\text{New machine}} \)	_
		Unopened store [] (date of e	expected opening

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	y's source classification "X". Select one classi			ection (3) of Part II?	,
Small Area	Source				
Tra	y-to-dry machines only ansfer only on-site oth machine types on-si	(use	d less than 140 gallon d less than 200 gallon d less than 140 gallon	is of perc per year)	
Large Area	Source	[]			
Tra	y-to-dry machines only ansfer only on-site th machine types on-si	(use	d 140 - 2,100 gallons d 200 - 1,800 gallons d 140 - 1,800 gallons	of perc per year)	
4. What control techn (Indicate with an	nology is required on m	nachines pursu	ant to section (5) of I	Part II of this notifica	ation form?
Existing ma (NONE REC	achines at small area so QUIRED) []	<u>urce</u>	New machines a Refrigerated con	t small area source denser []	·-
Existing ma Carbon adso Refrigerated	·—	urce	New machines a Refrigerated con	t large area source denser []	
Rule 62-213.300, F.A	contains non-exempt er A.C. Verify that all stern that no such units exist	am and hot wa	iter generating units o	on-site meet the follo	
All steam and hot wa	ater generating units ex	empt [<u>*</u>	_] OR _]		
How many boilers do	you have on-site?	[]	•		
For each boiler, indic	cate its horsepower (HI	P) rating: [2	2 []		·
What type of fuel do	[]	oropane No. 2 fuel oil No. 6 fuel oil	[] natural ga [] No. 4 fue [] Other (ple	l oil	·
6. Equipment Monito	oring and Recordkeepin	ng Information	l		
Check all logs which	are required to be kep	t on-site in acc	ordance with the req	uirements of this ger	neral permit:
(a) Purchase receipts	and solvent purchases	solvent additie	on log	<u>[]</u>	
(b) Leak detection ins	spection and repair	·		<u>[]</u>	
(c) Refrigerated cond	lenser temperature mor	nitoring			
(d) Carbon adsorber of	exhaust perc concentra	tion monitorin	g		
(e) Startup, shutdow	n, malfunction plan				

7 Surrender	of Existing DEP Air Permit(s)
Please indicat	te 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
[X]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notifi statement maintain comply w I will pro EDC	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and 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. Impuly notify the Department of any changes to the information contained in this notification. THE HADO HLVETTO The of responsible official



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420841 DEC192002

F ' '

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#0571277

EDDIE'S CUSTOM CLEANERS EDDIE ALVERIO **529 S MACDILL AVENUE** TAMPA FL 33609-2042

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 31

Fund: 20-2-035001

Obj.: 002273

ECC ENTERPRISES, INC.

000487

From:

Date:

12/16/02

Check Number: 487

Amount:

50.00

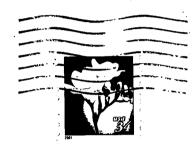
Memo:

EPA - airs id #0571277



4528 W. Kennedy Boulevard Tampa, Florida 33609





General beruits Section

Bureau of air homotoring &

Mobile Sources, MS 5570

Department of Environment Projection

2600 Blace Stone Rd.

Tallaharsee, FZ 32397-2400

EDDIE'S CUSTOM CLEANERS
529 South MacDill Ave.
Tampa, FL 33609-3000
Quality Work/Quality People



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

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